

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90169 010 ****50.00

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DOCUMENT # L99000008330

1. Entity Name

EQUINE MEDICAL CENTER OF OCALA, P.L.



Principal Place of Business
5640 SW 6TH PLACE, UNIT 800
OCALA FL 34474

Mailing Address
21501 NW 75TH AVE. RD.
MICANOPY FL 32667

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3582985		Applied For
		Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PELOSO, JOHN G DVM 21501 NW 75TH AVE. RD. MICANOPY FL 32667		Name Street Address (P.O. Box Number is Not Acceptable) City	
		State FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PELOSO, JOHN G DVM 21501 NW 75TH AVE. RD. MICANOPY FL 32667 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, COREY D MGRM 21501 NW 75TH AVE. RD. MICANOPY FL 32667 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

[Handwritten Signature]

REQUIRED

7/26/02

Daytime Phone #

CR2E083 (4/02)