2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# L99000008330

Entity Name: EQUINE MEDICAL CENTER OF OCALA, P.L.

Current Principal Place of Business:

7107 W HWY 326
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

7107 W HWY 326
OCALA, FL 34482

New Mailing Address:

FEI Number: 59-3582985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PELOSO, JOHN G DVM
7107 W HWY 326
OCALA, FL 34482 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: PELOSO, JOHN G DVM
Address: 7107 W HWY 326
City-St-Zip: OCALA, FL 32667

Title: MGRM ( ) Delete
Name: MILLER, COREY D MGRM
Address: 7107 W HWY 326
City-St-Zip: OCALA, FL 32667

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PELOSO, JOHN G DVM
Address: 7107 W HWY 326
City-St-Zip: OCALA, FL 34482

Title: MGRM (X) Change ( ) Addition
Name: MILLER, COREY D MGRM
Address: 7107 W HWY 326
City-St-Zip: OCALA, FL 34482

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHN G. PELOSO MGRM 04/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date