# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 12, 2005**
**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 ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**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 34482

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 05/12/2005

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