2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State
03-31-2003 90008 021 ****50.00

DOCUMENT # L99000008330

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

Principal Place of Business	Mailing Address
5640 SW 6TH PLACE. UNIT 800 OCALA FL 34474	21501 NW 75TH AVE. RD. MICANOPY FL 32667

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7107 W. Hwy 326	7107 W. Hwy 326
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, Fl	City & State: Ocala, Fl 34482
Zip: 34482 Country: Marion	Zip: 34482 Country: Marion

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

PELOSO, JOHN G DVM
21501 NW 75TH AVE. RD.
MICANOPY FL 32667

7. Name and Address of New Registered Agent

Name: Peloso, John G. DVM
Street Address (P.O. Box Number Is Not Acceptable): 7107 W. Hwy 326
City: Ocala **FL** Zip Code: 34482

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] 3/26/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE	MGRM	☑ Change ☐ Addition
NAME	PELOSO, JOHN G DVM		NAME	Peloso, John G DVM	
STREET ADDRESS	21501 NW 75TH AVE. RD.		STREET ADDRESS	7107 W. Hwy 326	
CITY-ST-ZIP	MICANOPY FL 32667		CITY-ST-ZIP	Ocala, Fl 32667	
TITLE	MGRM	☐ Delete	TITLE	MGRM	☑ Change ☐ Addition
NAME	MILLER, COREY D MGRM		NAME	MILLER, COREY D MGR	
STREET ADDRESS	21501 NW 75TH AVE. RD.		STREET ADDRESS	7107 W. Hwy 326	
CITY-ST-ZIP	MICANOPY FL 32667		CITY-ST-ZIP	Ocala, Fl 32667	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E083 (10/02)

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 REQUIRED [signature] 3/26/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #