


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000023632
 1. Entity Name
 OCALA EQUINE HOSPITAL, P.A.



Principal Place of Business Mailing Address
 10855 NW HWY 27 10855 NW HWY 27
 OCALA, FL 34482 OCALA, FL 34482

DO NOT WRITE IN THIS SPACE



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-1083667 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MADISON, JOHN B VMD
 10855 NW HWY 27
 OCALA, FL 34482

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MADISON, JOHN B VMD
STREET ADDRESS	10855 NW HWY 27
CITY-ST-ZIP	OCALA, FL 34482
TITLE	V
NAME	BERK, JEFFREY T VMD
STREET ADDRESS	10855 NW HWY 27
CITY-ST-ZIP	OCALA, FL 34482
TITLE	V
NAME	BLOOMER, ROBERT J DVM
STREET ADDRESS	10855 NW HWY 27
CITY-ST-ZIP	OCALA, FL 34482
TITLE	S
NAME	CANTRELL, CHARLES K DVM
STREET ADDRESS	10855 NW HWY 27
CITY-ST-ZIP	OCALA, FL 34482
TITLE	V
NAME	BLAIR, JR., HARRY A DVM
STREET ADDRESS	10855 NORTHWEST US HIGHWAY 27
CITY-ST-ZIP	OCALA, FL 34482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/08/06-80069-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #