


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 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



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1083667	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000606392
01/30/07-80076-015 150.00

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

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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: John B. Madison John B. Madison, Pres. 1/25/07 352-368-1646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #