

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000023632

FILED  
Jan 15, 2008  
Secretary of State

Entity Name: OCALA EQUINE HOSPITAL, P.A.

**Current Principal Place of Business:**

10855 NW HWY 27  
OCALA, FL 34482

**New Principal Place of Business:**

**Current Mailing Address:**

10855 NW HWY 27  
OCALA, FL 34482

**New Mailing Address:**

FEI Number: 65-1083667      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MADISON, JOHN B VMD  
10855 NW HWY 27  
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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MADISON, JOHN B VMD  
Address: 10855 NW HWY 27  
City-St-Zip: OCALA, FL 34482

Title: V ( ) Delete  
Name: BERK, JEFFREY T VMD  
Address: 10855 NW HWY 27  
City-St-Zip: OCALA, FL 34482

Title: V ( ) Delete  
Name: BLOOMER, ROBERT J DVM  
Address: 10855 NW HWY 27  
City-St-Zip: OCALA, FL 34482

Title: S ( ) Delete  
Name: CANTRELL, CHARLES K DVM  
Address: 10855 NW HWY 27  
City-St-Zip: OCALA, FL 34482

Title: V ( ) Delete  
Name: BLAIR, JR., HARRY A DVM  
Address: 10855 NORTHWEST US HIGHWAY 27  
City-St-Zip: OCALA, FL 34482

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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 exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES K. CANTRELL

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

SEC.

01/15/2008

\_\_\_\_\_ Date