

# 2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P01000023632

**FILED**  
**Dec 16, 2010**  
**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: JOHN B MADISON, VMD

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN B. MADISON

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

PRES

12/16/2010

\_\_\_\_\_  
Date