

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000023632

FILED
Jan 05, 2012
Secretary of State

Entity Name: OCALA EQUINE HOSPITAL, P.A.

Current Principal Place of Business:

10855 NW US HWY 27
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

10855 NW US 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 US 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

OFFICERS AND DIRECTORS:

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

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

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

Title: V
Name: BLAIR, JR., HARRY A DVM
Address: 10855 NW US HWY 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

PRES

01/05/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date