2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: P&S AMBULATORY SERVICES, LLC

Current Principal Place of Business:

4747 SW 60TH AVE
OCALA, FL 34474

Current Mailing Address:

4747 SW 60TH AVE
OCALA, FL 34474

FEI Number: 20-0196077

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAMER, KELLY G
7 EAST SILVER SPRINGS BLVD
SUITE 500
OCALA, FL 34470 US

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

Authorized Person(s) Detail :

Title	MGRM
Name	MATTHEWS, PHILIP M
Address	4747 SW 60TH AVE
City-State-Zip:	OCALA FL 34474

Title	MGRM
Name	HAHN, J. KEVIN M
Address	4747 SW 60TH AVE
City-State-Zip:	OCALA FL 34474

Title	MGRM
Name	SLONE, DONNIE EJR.
Address	4747 SW 60TH AVE
City-State-Zip:	OCALA FL 34474

Title	MGRM
Name	RUSSELL, WILLIAM B
Address	4747 SW 60TH AVE
City-State-Zip:	OCALA FL 34474

Title	MGRM
Name	RIGGS, ALLEN B
Address	4747 SW 60TH AVE
City-State-Zip:	OCALA FL 34474

Title	MGRM
Name	HUGHES, FAITH E
Address	4747 SW 60TH AVE
City-State-Zip:	OCALA FL 34474

Title	MGRM
Name	LYNCH, TIMOTHY
Address	4747 SW 60TH AVE
City-State-Zip:	OCALA FL 34474

Title	MGRM
Name	CLARK, CAROL
Address	4747 SW 60TH AVE
City-State-Zip:	OCALA FL 34474

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PHILIP MATTHEWS MGRM 04/06/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date