

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90578 015 \*\*\*\*55.00

**DOCUMENT # L01000013883**

1. Entity Name

**ALL PETS VETERINARY HOSPITAL, L.L.C.**

Principal Place of Business

**3188 SW MARTIN DOWNS BLVD.  
 PALM CITY FL 34990**

Mailing Address

**3188 SW MARTIN DOWNS BLVD.  
 PALM CITY FL 34990**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1135822**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GIACHINO, FERNANDO M  
 1100 SOUTH FEDERAL HIGHWAY  
 STUART FL 34994**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
	<b>MGRM</b> <b>COUGHLAN, MICHAEL V D.V.M.</b> <b>3188 SW MARTIN DOWNS BLVD.</b> <b>PALM CITY FL 34990</b>		<b>AA&amp;AM</b>
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_ **RE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**1/29/02**

CR2E083 (9/01)