

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000013883

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

**Entity Name:** ALL PETS VETERINARY HOSPITAL, L.L.C.

**Current Principal Place of Business:**

3188 SW MARTIN DOWNS BLVD.  
PALM CITY, FL 349902641

**New Principal Place of Business:**

**Current Mailing Address:**

3188 SW MARTIN DOWNS BLVD.  
PALM CITY, FL 349902641

**New Mailing Address:**

**FEI Number:** 65-1135822      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

COUGHLAN, MICHAEL V  
3188 SW MARTON DOWNS BLVD.  
PALM CITY, FL 34990 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COUGHLAN, MICHAEL V D.V.M.  
Address: 3188 SW MARTIN DOWNS BLVD.  
City-St-Zip: PALM CITY, FL 34990

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: COUGHLAN, MICHAEL, V, D.V.M.      MGRM      04/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date