

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002187

**FILED**  
**Jan 23, 2007**  
**Secretary of State**

**Entity Name:** DR. MUSGRAVE'S ACUPET VETERINARY SERVICES, P.L.

**Current Principal Place of Business:**

8950 STATE ROAD 52  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

8950 STATE ROAD 52  
HUDSON, FL 34667

**New Mailing Address:**

**FEI Number:** 95-4894148      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** ( )

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

MUSGRAVE, JACK L  
8950 STATE ROAD 52  
HUDSON, FL 34667      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: MGR      ( ) Delete  
Name: MUSGRAVE, JACK L  
Address: 8950 S.R. 52  
City-St-Zip: HUDSON, FL 34667

**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: JACK L MUSGRAVE      DVM      01/23/2007

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