

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064540

FILED
Mar 22, 2012
Secretary of State

Entity Name: TRI-COUNTY ANIMAL HOSPITAL, LLC

Current Principal Place of Business:

1807 OKEECHOBEE ROAD
FT. PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

1807 OKEECHOBEE ROAD
FT. PIERCE, FL 34950

New Mailing Address:

FEI Number: 20-1541841

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHWERER, ROBERT V ESQ.
515-519 SOUTH INDIAN RIVER DRIVE
FT. PIERCE, FL 33950 US

Name and Address of New Registered Agent:

JUILLERAT, DANA K DR
1811 OKEECHOBEE RD.
FT. PIERCE, FL 34950 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: DANA K JUILLERAT

03/22/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: JUILLERAT, DANA K
Address: 9528 SHADOW LANE
City-St-Zip: FT. PIERCE, FL 34951

I hereby 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: DANA K JUILLERAT

MGRM

03/22/2012

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