


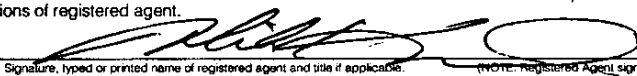
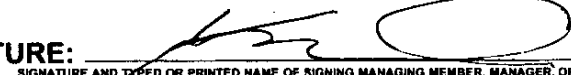
**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90365 001 \*\*\*150.00

**30012083**





<b>DOCUMENT # L06000047532</b>			
1. Entity Name DR. NINA'S ANIMAL HOSPITAL, LLC.			
Principal Place of Business 220 E. CENTRAL PKWY SUITE 1020 ALTAMONTE SPRINGS, FL 32701 US		Mailing Address 220 E. CENTRAL PKWY SUITE 1020 ALTAMONTE SPRINGS, FL 32701 US	
2. Principal Place of Business - No P.O. Box # 1483 ARBITUS CIR Suite, Apt. #, etc.		3. Mailing Address 1483 ARBITUS CIR Suite, Apt. #, etc.	
City & State OUIDO, FL		City & State OUIDO, FL	
Zip 32765		Zip 32765	
Country US		Country US	
4. FEI Number 20-4856119		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NANTON, NICHOLAS D 220 E. CENTRAL PKWY SUITE 1020 ALTAMONTE SPRINGS, FL 32701		7. Name and Address of New Registered Agent Name: MIKE KRAJEWSKI Street Address (P.O. Box Number is Not Acceptable): 1483 ARBITUS CIR City: OUIDO FL Zip Code: 32765	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		DATE: 7/30/07	
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: KRAJEWSKI, JANINA L STREET ADDRESS: 220 E. CENTRAL PKWY; SUITE 1020 CITY-ST-ZIP: ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete	TITLE: MGRM NAME: KRAJEWSKI, JANINA STREET ADDRESS: 1483 ARBITUS CIR CITY-ST-ZIP: OUIDO FL 32765	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		DATE: 7/30/07 Daytime Phone #: 321-299-2751	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**REJECTED**  
05-02-2007 90365 001 \*\*\*150.00  
L06000047532

ATTACHMENT

# 30012083

DOCUMENT # L06000047532					
1. Entity Name DR. NINA'S ANIMAL HOSPITAL, LLC.					
Principal Place of Business 220 E. CENTRAL PKWY SUITE 1020 ALTAMONTE SPRINGS, FL 32701 US			Mailing Address 220 E. CENTRAL PKWY SUITE 1020 ALTAMONTE SPRINGS, FL 32701 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 02272007 Chg-LLC CR2E083 (12/08)	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NANTON, NICHOLAS D 220 E. CENTRAL PKWY SUITE 1020 ALTAMONTE SPRINGS, FL 32701			Name <b>MIKE KRAJEWSKI</b> Street Address (P.O. Box Number is Not Acceptable) <b>220 E CENTRAL PKWY #1020</b> <b>ALTAMONTE SPRINGS, FL 32701</b> City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when registering) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KRAJEWSKI, JANINA L 220 E. CENTRAL PKWY; SUITE 1020 ALTAMONTE SPRINGS, FL 32701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.					
SIGNATURE: 		Date: <b>4/20/07</b>		Daytime Phone #: <b>321-289-2751</b>	
SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					