

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047532

FILED  
May 24, 2012  
Secretary of State

**Entity Name:** DR. NINA'S ANIMAL HOSPITAL, LLC.

**Current Principal Place of Business:**

2959 FRUITVILLE ROAD  
SARASOTA, FL 34237 US

**New Principal Place of Business:**

**Current Mailing Address:**

2959 FRUITVILLE ROAD  
SARASOTA, FL 34237 US

**New Mailing Address:**

FEI Number: 20-4856119

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MIKE, KRAJEWSKI  
2959 FRUITVILLE ROAD  
SARASOTA, FL 34237 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  
Name: KRAJEWSKI, JANINA L  
Address: 2959 FRUITVILLE RD  
City-St-Zip: SARASOTA, FL 34237 US

Title: MGRM  
Name: KRAJEWSKI, MIKE M  
Address: 2959 FRUITVILLE RD  
City-St-Zip: SARASOTA, FL 34237

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: KRAJEWSKI

MNG

05/24/2012

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