# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 21, 2012**
**Secretary of State**

DOCUMENT# L00000002434

**Entity Name:** CHIMNEY LAKES ANIMAL HOSPITAL, LLC

**Current Principal Place of Business:**

8415 CHESWICK OAK AVE, UNIT 1
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

8415 CHESWICK OAK AVE, UNIT 1
JACKSONVILLE, FL 32244

**New Mailing Address:**

**FEI Number: 59-3643698** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

DRESSEL, MICHAEL DVM
158 BRANSCOMB RD
GREEN COVE SPRINGS, FL 32043 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: DRESSEL, MICHAEL DVM
Address: 158 BRANSCOMB RD
City-St-Zip: GREEN COVE SPRINGS, FL 32043

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 Statues.

SIGNATURE: JAMES E LIPHAM CPA 03/21/2012

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