# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**
**Feb 13, 2006 08:00 AM**
**Secretary of State**

DOCUMENT # L00000011291

1. Entity Name

PLANTATION ANIMAL HOSPITAL, PL

| Principal Place of Business | Mailing Address |
|---|---|
| 4585 GUNN HIGHWAY<br>TAMPA FL 33624 | 4585 GUNN HIGHWAY<br>TAMPA FL 33624 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

1st MOORE CR2E083 (10/05)

4. FEI Number 59-3675475 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| HINES, JAMES P ESQ.<br>C/O HINES, NORMAN & ASSOCIATES, P.L.<br>315 SOUTH HYDE PARK AVENUE<br>TAMPA FL 33606 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating) DATE

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**Due By May 1, 2006**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE | MGR | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | MCCAMPBELL, WILLIAM A | | NAME | 100000432361 | |
| STREET ADDRESS | 4585 GUNN HIGHWAY | | STREET ADDRESS | 02/23/06-80065-004 50.00 | |
| CITY-ST-ZIP | TAMPA FL 33624 | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
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| TITLE | | ☐ Delete | TITLE | | ☐ Change ☐ Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** William A. McCampbell — 2/9/06 — 813-968-3393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #