

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90211 017 \*\*\*\*55.00

**DOCUMENT # L01000017219**

1. Entity Name

**BAYRIDGE VETERINARY HOSPITAL, L.L.C.**

Principal Place of Business

**% MICHAEL A. BAVIELLO, JR., P.A.  
1025 FIFTH AVENUE NORTH  
NAPLES FL 34102**

Mailing Address

**% MICHAEL A. BAVIELLO, JR., P.A.  
1025 FIFTH AVENUE NORTH  
NAPLES FL 34102**2. Principal Place of Business  
**7700 Trail Blvd.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Naples, Florida**

City &amp; State

Zip Country  
**34108**

Zip Country

4. FEI Number

**59-3759434**

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

**BAVIELLO, MICHAEL A JR.  
1025 FIFTH AVENUE NORTH  
NAPLES FL 34102**

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		Managing Member Cooper, Lisa A. 8023 Simeon Way Naples, FL 34109	
		Member Theiss, Brian F. 811-C Meadowland Drive Naples, FL 34108	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *[Signature]* **SIGNATURE REQUIRED** Lisa A. Cooper 4-30-02 239-514-8767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)