2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000020857

1. Entity Name
PHYSICIAN PET SERVICES, LLC

Principal Place of Business	Mailing Address
122 LINSELY AVE, STE A BRANDON, FL 33511	122 LINSELY AVE, STE A BRANDON, FL 33511

DO NOT WRITE IN THIS SPACE

01202005No Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0577314
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WYLIE, WARREN W II
122 LINSELY AVE, STE A
BRANDON, FL 33511

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BEKHOR, DAVID
STREET ADDRESS	1810 W BEARSS AVE
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	MGR
NAME	WYLIE, WARREN W II
STREET ADDRESS	510 CAULDER PARK RD.
CITY-ST-ZIP	SEFFNER, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000242314
02/24/05-80082-014 50.00

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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: Warren W. Wylie, II 1/24/05 (813) 657-4914
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #