


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2008 08:00 AM
Secretary of State

DOCUMENT # L01000021062 1. Entity Name EAST PALATKA ANIMAL HEALTH CENTER, LLC	
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Principal Place of Business 354 US HIGHWAY 17 SOUTH EAST PALATKA, FL 32131	Mailing Address 354 US HIGHWAY 17 SOUTH EAST PALATKA, FL 32131
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DO NOT WRITE IN THIS SPACE



03252008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 51-0430408	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent SMITH, PERRY F 354 US HIGHWAY 17 SOUTH EAST PALATKA, FL 32131
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**DO NOT WRITE
IN THIS SPACE**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

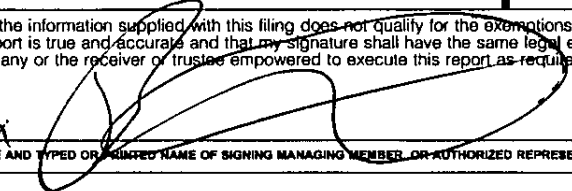
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000879263
04/15/08-80014-015 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SMITH, PERRY F 354 US HIGHWAY 17 SOUTH EAST PALATKA, FL 32131
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  **4/1/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #