

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 04, 2002 8:00 am
Secretary of State

05-12-2002 90597 007 *****5.00
06-04-2002 90201 035 *****45.00

DOCUMENT # L01000022336

1. Entity Name

OCEAN BREEZE ANIMAL HOSPITAL, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Same → ←

3. Mailing Address

1553 NE JENSEN BEACH BLVD

City & State

Jensen Beach FL

City & State

Country

Zip 34957

Country US

4. FEI Number

30-0000632

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

MARK BRECHBILL

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

506 S. Fed. Hwy, Suite 202

City Stuart

FL

Zip Code 34994

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.

MARK BRECHBILL, CPA

3/19/02
DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME JOSEPH A. TOMES, DVM
STREET ADDRESS 746 S.W. Woodcreek Dr.
CITY-ST-ZIP Palm City, FL 34990

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E083B (12/01)

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

Date

Daytime Phone #

4-16-02 (772) 334-7387