

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000022336

FILED  
Apr 17, 2008  
Secretary of State

**Entity Name:** OCEAN BREEZE ANIMAL HOSPITAL, LLC

**Current Principal Place of Business:**

1553 N.E. JENSEN BEACH BOULEVARD  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

1553 N.E. JENSEN BEACH BOULEVARD  
JENSEN BEACH, FL 34957

**New Mailing Address:**

**FEI Number:** 30-0000632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NORELL, MAUREEN  
2065 SW CAPEADOR STREET  
PORT ST. LUCIE, FL 34953 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** TOMES, JOSEPH A  
**Address:** 1553 NE JENSEN BEACH BLVD  
**City-St-Zip:** JENSEN BEACH, FL 34957

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** JOSEPH A. TOMES, DVM

MGR

04/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date