2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004
Secretary of State

DOCUMENT# L02000014004

Entity Name: ANIMAL MEDICAL CLINIC AT ST. JOHNS, L.L.C.

Current Principal Place of Business:

ANIMAL MEDICAL CLASSIC AT ST. JOHN
2245-102 C.R. 210 WEST
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

ANIMAL MEDICAL CLASSIC AT ST. JOHN
2245-102 C.R. 210 WEST
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 03-0469939 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NIKOLOV, NIKOLAY H
2245-102 C.R. 210 WEST
JACKSONVILLE, FL 32259 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/MEMBERS:

Title: MGRM ( ) Delete
Name: NIKOLOV, NIKOLAY
Address: 194 1/2 ROSCOE BLVD., NORTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM ( ) Delete
Name: NEUMAN, GARY
Address: 3705 NAVJO PLACE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NIKOLAY NIKOLOV MGR 04/16/2004

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