

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014004

FILED  
Jan 20, 2005  
Secretary of State

**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: GARY L NEUMAN

MGRM

01/20/2005

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