2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000014004

City-St-Zip:

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

FILED Sep 27, 2007 Secretary of State

Current P	rincipal Place of Business:	New Principal Place of Business:	New Principal Place of Business:	
2245-102 (IEDICAL CLASSIC AT ST. JOHN C.R. 210 WEST IVILLE, FL 32259			
Current Mailing Address:		New Mailing Address:		
2245-102	IEDICAL CLASSIC AT ST. JOHN C.R. 210 WEST IVILLE, FL 32259			
	: 03-0469939 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the limited liability co	FEI Number Not Applicable () Certificate of Status Designative did not receive the prior potice	ired ()	
	I Address of Current Registered Agent:	Name and Address of New Registered Agent	t:	
2245-102	NIKOLAY H C.R. 210 WEST IVILLE, FL 32259 US			
	named entity submits this statement for the e of Florida.	purpose of changing its registered office or registered agen	ıt, or both	
SIGNATUF	RE: NIKOLAY NIKOLOV			
	Electronic Signature of Registered A	gent Date		
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete NIKOLOV, NIKOLAY 194 1/2 ROSCOE BLVD., NORTH PONTE VEDRA BEACH, FL 32082	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	MGRM () Delete NEUMAN, GARY 3705 NAVJO PLACE JACKSONVILLE, FL 32259	Title: () Change () Addition Name: Address: City-St-Zip:		
Title: Name: Address:	()Delete	Title: MGRM () Change (X) Addition Name: STEWART, DAWN M Address: 4713 KERNAN MILL LANE EAST		

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.

City-St-Zip:

JACKSONVILLE, FL 32224

SIGNATURE: DAWN M. STEWART, DVM **MGRM** 09/27/2007