FILED
May 02, 2003 8:00 am
Secretary of State
01-15-2003 90051 012 ****50.00

55035041

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000014004

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

Principal Place of Business	Mailing Address
~~2245 CR-210 W~~ ~~JACKSONVILLE FL 32259~~	~~2245 CR-210 W~~ ~~JACKSONVILLE FL 32259~~

Animal Medical Clinic at St.John's
2245-102 C.R. 210 West
Jacksonville, FL 32259

☐ CHECK HERE IF MAKING CHANGES

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State
Zip 32259 Country St. Johns

4. FEI Number 030469939 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
NIKOLOV, NIKOLAY H
8000 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA FL 32082

7. Name and Address of New Registered Agent
Name: NIKOLAY NIKOLOV
Street Address (P.O. Box Number is Not Acceptable)
2245-102 C.R. 210 West
City Jacksonville FL Zip Code 32259

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title of officer/director. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~NIKOLAY NIKOLOV - agent~~ ☐ Delete ~~194 1/2 Roscoe Blvd North~~ ~~Ponte Vedra Beach, FL 32082~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Nikolay Nikolov - ~~delete~~ ☐ Delete 194 1/2 Roscoe Blvd North Ponte Vedra Beach FL 32082	STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GARY NEUMAN - ~~member~~ ☐ Delete 3705 Navajo Place Jacksonville, FL 32259	TITLE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

MGRM

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CR2E083 (10/02)

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 REQUIRED~~ 1-13-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #