

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000019210

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** EMERGENCY & CRITICAL CARE PET HOSPITAL, LLC

**Current Principal Place of Business:**

14185 BEACH BOULEVARD  
7  
JACKSONVILLE, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

14185 BEACH BOULEVARD  
7  
JACKSONVILLE, FL 32250 US

**New Mailing Address:**

**FEI Number:** 06-1640734

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, CAMERON A  
15521 BREAM ROAD  
JACKSONVILLE, FL 32226 US

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

JONES, CAMERON A DR.  
15521 BREAM ROAD  
JACKSONVILLE, FL 32226 US

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: CAMERON A. JONES

04/12/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: JONES, CAMERON A  
Address: 14185-7 BEACH BLVD UNIT 7  
City-St-Zip: JACKSONVILLE, FL 32250

I hereby 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: CAMERON A. JONES

DR.

04/12/2010

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