

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020010

FILED
Apr 29, 2005
Secretary of State

Entity Name: CLINICAL PET OF CITRUS, L.L.C.

Current Principal Place of Business:

6140/6142 W. CORPORATE OAKS DRIVE
CRYSTAL RIVER, FL 34429

New Principal Place of Business:

Current Mailing Address:

6140/6142 W. CORPORATE OAKS DRIVE
CRYSTAL RIVER, FL 34429

New Mailing Address:

FEI Number: 30-0099541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARORA, GANESH
1716 S.W. 82ND DRIVE
GAINESVILLE, FL 32607 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: ARORA, GANESH
Address: 1916 SW 82ND DR
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM (X) Delete
Name: AMIN, KAMALESH A
Address: 515 W BRITAIN ST
City-St-Zip: HERNANDO, FL 34442

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: GANESH ARORA

MGRM

04/29/2005

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