

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000020010

FILED  
Mar 23, 2011  
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:**

3143 SW 32ND AVE  
OCALA, FL 34474

**Current Mailing Address:**

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

**New Mailing Address:**

3143 SW 32ND AVE  
OCALA, FL 34474

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/MANAGERS:**

Title: MGRM  
Name: ARORA, GANESH  
Address: 1916 SW 82ND DR  
City-St-Zip: GAINESVILLE, FL 32607

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: GANESH ARORA

MGR

03/23/2011

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