

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90024 048 ****55.00

DOCUMENT # L02000020289

1. Entity Name
VETERINARY NEURO SERVICES, LLC



Principal Place of Business
3900 CLARK RD #4 BLDG M
SARASOTA, FL 34238

Mailing Address
3900 CLARK RD #4 BLDG M
SARASOTA, FL 34238

DO NOT WRITE IN THIS SPACE

03022006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
01-0739876

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAUVEY, ANNE
3900 CLARK RD #4 BLDG M
SARASOTA, FL 34238

**DO NOT WRITE
IN THIS SPACE**

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

Signature, name of person making registration and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

4/25/06

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
CHAUVEY, ANNE DVM
152 TALL TREES CT
SARASOTA, FL 34232

TITLE
NAME
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CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-6-06

941 407177

4.25.00