

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032748

FILED
Jan 09, 2007
Secretary of State

Entity Name: THE ANIMAL MEDICAL HOSPITAL OF NAPLES P.L.

Current Principal Place of Business:

CORBO CARIN C DVA
11980 TAMIAAMI TRAIL N.
NAPLES, FL 34110

New Principal Place of Business:

CORBO CARIN C DVM
11980 TAMIAAMI TRAIL N.
NAPLES, FL 34110

Current Mailing Address:

CORBO CARIN C DVA
3971 UPOLO LANE
NAPLES, FL 34119

New Mailing Address:

CORBO CARIN C DVM
3971 UPOLO LANE
NAPLES, FL 34119

FEI Number: 71-0923735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LANDON, ROBERT D.W. II ESQ.
DUNWOODY WHITE & LANDON, P.A.
4001 TAMIAAMI TRAIL NORTH, SUITE 200
NAPLES, FL 34103 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: MGR () Delete
Name: CORBO, CARIN C DVM
Address: 3971 UPOLO LANE, ISLAND WALK
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

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 Chapter 119, 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: CARIN C. CORBO

MGR

01/09/2007

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