

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000032748

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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 TAMiami 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  
**Name:** CORBO, CARIN C DVM  
**Address:** 3971 UPOLO LANE, ISLAND WALK  
**City-St-Zip:** NAPLES, FL 34119

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:** CARIN C. CORBO

MGR

01/06/2011

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