2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008
Secretary of State

DOCUMENT# L03000006729

Entity Name: BRESSMAN ANIMAL CLINIC, LLC

Current Principal Place of Business:

6755 S. KANNER HIGHWAY
STUART, FL 34997

New Principal Place of Business:

6755 S. KANNER HIGHWAY
STUART, FL 34997 US

Current Mailing Address:

6755 S. KANNER HIGHWAY
STUART, FL 34997

New Mailing Address:

6755 S. KANNER HIGHWAY
STUART, FL 34997 US

FEI Number: 75-3107703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUNGEY, RICHARD J
3473 SE WILLOUGHBY BLVD
STUART, FL 34994 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: BRESSMAN, RICHARD D.V.M.
Address: 1663 NW SPRUCE RIDGE DRIVE
City-St-Zip: STUART, FL 34994

Title: MGR ( ) Delete
Name: BRESSMAN, MARY ROSE D.V.M.
Address: 1663 NW SPRUCE RIDGE DRIVE
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BRESSMAN, RICHARD D.V.M.
Address: 1663 NW SPRUCE RIDGE DRIVE
City-St-Zip: STUART, FL 34994 US

Title: MGR (X) Change ( ) Addition
Name: BRESSMAN, MARY ROSE D.V.M.
Address: 1663 NW SPRUCE RIDGE DRIVE
City-St-Zip: STUART, FL 34994 US

I hereby certify that the information supplied with this filing does not qualify 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: RICHARD BRESSMAN MGR 03/10/2008

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