

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000023243

FILED
Apr 15, 2011
Secretary of State

Entity Name: PALM BEACH EQUINE CLINIC, LLC

Current Principal Place of Business:

13125 SOUTHFIELDS ROAD
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

13125 SOUTHFIELDS ROAD
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 65-0009596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWERDLIN, SCOTT J
13125 SOUTHFIELDS ROAD
WELLINGTON, FL 33414 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: WOLLENMAN, PAUL MGRM
Address: 13125 SOUTHFIELDS RD
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM
Name: SWERDLIN, SCOTT MGRM
Address: 13125 SOUTHFIELDS RD
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGRM
Name: BRUSIE, ROBERT
Address: 13125 SOUTHFIELDS ROAD
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM
Name: WHEELER, RICHARD
Address: 13125 SOUTHFIELDS ROAD
City-St-Zip: WELLINGTON, FL 33414

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: SCOTT J. SWERDLIN

MGRM

04/15/2011

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