

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 04, 2010
Secretary of State

Entity Name: ANIMAL EMERGENCY HOSPITAL OF ST JOHNS COUNTY, LLC

Current Principal Place of Business:

2505 OLD MOULTRIE RD
ST AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

2505 OLD MOULTRIE RD
ST AUGUSTINE, FL 32086

New Mailing Address:

2505 OLD MOULTRIE RD
ST AUGUSTINE, FL 32086

FEI Number: 20-0316114

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, LAURA L
2505 OLD MOULTRIE RD
ST AUGUSTINE, FL 32086 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: WILLIAMS, LAURA L
Address: 2505 OLD MOULTRIE RD
City-St-Zip: ST AUGUSTINE, FL 32086 US

Title: MGR
Name: JOHNSON, DIANE
Address: 310 RAINTREE TRAIL
City-St-Zip: ST AUGUSTINE, FL 32086 US

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: LAURA WILLIAMS

MGMB

01/04/2010

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