

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000028437

**FILED**  
**Jan 27, 2006**  
**Secretary of State**

**Entity Name:** MOBILE ANIMAL SURGICAL HOSPITAL, LLC

**Current Principal Place of Business:**

4824 GABRIELLA LANE  
OVIEDO, FL 32765

**New Principal Place of Business:**

POB 5115  
WINTER PARK, FL 32793

**Current Mailing Address:**

605 SOUTH ORANGE BLVD  
SANFORD, FL 32771

**New Mailing Address:**

POB 5115  
WINTER PARK, FL 32793

**FEI Number:** 20-0350049

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANGTON, SCOTT J  
4824 GABRIELLA LANE  
OVIEDO, FL 32765 US

**Name and Address of New Registered Agent:**

LANGTON, SCOTT J  
918 WILLOW BRANCH DRIVE  
ORLANDO, FL 32828 US

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: SCOTT LANGTON, DVM

01/27/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LANGTON, SCOTT J DVM  
Address: 4824 GABRIELLA LANE  
City-St-Zip: OVIEDO, FL 32765

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LANGTON, SCOTT J DVM  
Address: 918 WILLOW BRANCH DRIVE  
City-St-Zip: ORLANDO, FL 32793

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: SCOTT LANGTON

MGR

01/27/2006

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