

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028437

FILED
Apr 27, 2007
Secretary of State

Entity Name: MOBILE ANIMAL SURGICAL HOSPITAL, LLC

Current Principal Place of Business:

POB 5115
WINTER PARK, FL 32793

New Principal Place of Business:

3520-3 AVALON PARK BLVD E
ORLANDO, FL 32828/

Current Mailing Address:

POB 5115
WINTER PARK, FL 32793

New Mailing Address:

3520-3 AVALON PARK BLVD. E
ORLANDO, FL 32828

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
918 WILLOW BRANCH DRIVE
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

LANGTON, SCOTT J
15316 PERDIDO
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 J LANGTON

04/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LANGTON, SCOTT J DVM
Address: 15316 PERDIDO
City-St-Zip: ORLANDO, FL 32828

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: SCOTT J LANGTON, DVM

MGR

04/27/2007

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