# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 10, 2006**
**Secretary of State**

DOCUMENT# L03000030898

**Entity Name:** MIAMI BEACH ANIMAL HOSPITAL, LLC

**Current Principal Place of Business:**

19501 BISCAYNE BLVD, STE. 400
AVENTURA, FL 33180

**New Principal Place of Business:**

959 WEST AVE
#12
MIAMI BEACH, FL 33139

**Current Mailing Address:**

19501 BISCAYNE BLVD, STE. 400
AVENTURA, FL 33180

**New Mailing Address:**

**FEI Number: 20-0160634** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SOFFER, MARSHA
19501 BISCAYNE BLVD, STE. 400
AVENTURA, FL 33180 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 ( ) Delete
Name: RAPPAPRT, JON J
Address: 19501 BISCAYNE BLVD, STE. 400
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JON J RAPPAPORT MGRM 04/10/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date