

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030898

FILED  
Apr 03, 2008  
Secretary of State

Entity Name: MIAMI BEACH ANIMAL HOSPITAL, LLC

**Current Principal Place of Business:**

959 WEST AVE  
#12  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**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: RAPPAPORT, JON J  
Address: 19501 BISCAYNE BLVD, STE. 400  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RAPPAPORT, JON J  
Address: 19501 BISCAYNE BLVD, STE. 400  
City-St-Zip: AVENTURA, FL 33180

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: JON J. RAPPAPORT

MGR

04/03/2008

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