2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2004
Secretary of State

DOCUMENT# L03000056430

Entity Name: LEHIGH CROSSROADS PET HOSPITAL, LLC

Current Principal Place of Business:

4075 PINE RIDGE ROAD, UNIT 14
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

4075 PINE RIDGE ROAD, UNIT 14
NAPLES, FL 34119

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OLIVER, FITZGERALD DR.
4075 PINE RIDGE ROAD, UNIT 14
NAPLES, FL 34119

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/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: OLIVER, FITZGERALD
Address: 4075 PINE RIDGE RD
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: OLIVER FITZGERALD D 04/25/2004

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