

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056430

FILED
May 25, 2007
Secretary of State

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:

5781 LEE BLVD #101
LEHIGH ACRES, FL 33971

Current Mailing Address:

4075 PINE RIDGE ROAD, UNIT 14
NAPLES, FL 34119

New Mailing Address:

5781 LEE BLVD #101
LEHIGH ACRES, FL 33971

FEI Number: 80-0083560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: D () Delete
Name: OLIVER, FITZGERALD
Address: 4075 PINE RIDGE RD
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: DVM (X) Change () 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 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: FITZGERALD OLIVER

DVM

05/25/2007

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