2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2008
Secretary of State

DOCUMENT# L03000056748

Entity Name: AT HOME MOBILE VETERINARY CLINIC, LLC

Current Principal Place of Business:

74 OAKWOOD ROAD
JACKSONVILLE BEACH, FL 32250 US

New Principal Place of Business:

1801 FOREST AVENUE
NEPTUNE BEACH, FL 32266 US

Current Mailing Address:

74 OAKWOOD ROAD
JACKSONVILLE BEACH, FL 32250 US

New Mailing Address:

1801 FOREST AVENUE
NEPTUNE BEACH, FL 32266 US

FEI Number: 27-0074974 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CLEARY, MARY K DVM
74 OAKWOOD ROAD
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

CLEARY, MARY K DVM
1801 FOREST AVENUE
NEPTUNE BEACH, FL 32266 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: 04/05/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CLEARY, MARY K DVM
Address: 74 OAKWOOD ROAD
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CLEARY, MARY K DVM
Address: 1801 FOREST AVENUE
City-St-Zip: NEPTUNE BEACH, FL 32266 US

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: MARY CLEARY MGR 04/05/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date