# 2011 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**
**Dec 14, 2011**
**Secretary of State**

DOCUMENT# L04000000974

**Entity Name:** ANIMAL MEDICAL CLINIC OF THE PALM BEACHES, LLC

**Current Principal Place of Business:**

7 HAZZARD ST
WEST PALM BEACH, FL 33406 US

**New Principal Place of Business:**

**Current Mailing Address:**

7 HAZZARD ST
WEST PALM BEACH, FL 33406 US

**New Mailing Address:**

**FEI Number: 65-1021382** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

MILLER, HARLAND S
7 HAZZARD ST.
WEST PALM BEACH, FL 33406 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: H. SCOTT MILLER

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM
Name: MILLER, HARLAND S
Address: 7 HAZZARD ST
City-St-Zip: WEST PALM BEACH, FL 33406 US

I hereby 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 Statues.

SIGNATURE: H. SCOTT MILLER MGRM 12/14/2011

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