

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Mar 22, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000007237**

**1. Entity Name**

**ST. FRANCIS VETERINARY CENTER, P.L.C.**



**Principal Place of Business**

**1778 SEALARK LN  
NAVARRE, FL 32566**

**Mailing Address**

**1778 SEALARK LN  
NAVARRE, FL 32566**



03162006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**20-0598736**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**NATALIE DYSON BEMENT, DVM  
2319 WINDFIELD DRIVE  
NAVARRE, FL 32566**

**DO NOT WRITE  
IN THIS SPACE**

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

U000000477567  
04/06/06 00056 011 50.00

**9. MANAGING MEMBERS/MANAGERS**

**TITLE MGRM  
NAME BEMENT, NATALIE DYSON  
STREET ADDRESS 2319 WINDFIELD DRIVE  
CITY-ST-ZIP NAVARRE, FL 32566**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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CITY-ST-ZIP**

**TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**3-20-05**

Date

**8509364446**

Daytime Phone #