2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2009
Secretary of State

DOCUMENT# L04000010533

Entity Name: CHEMSTRAND OAKS VETERINARY HOSPITAL, LLC

Current Principal Place of Business:

10229 CHEMSTRAND RD
PENSACOLA, FL 32514

New Principal Place of Business:

Current Mailing Address:

10229 CHEMSTRAND RD
PENSACOLA, FL 32514

New Mailing Address:

FEI Number: 90-0294507 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUSTON, GARY W
125 W ROMANA ST, STE 800
PENSACOLA, FL 32501 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: ______________________________
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ELLIOTT, CHARLES M D.V.M.
Address: 10229 CHEMSTRAND ROAD
City-St-Zip: PENSACOLA, FL 32514

Title: MGR ( ) Delete
Name: ELLIOTT, TAMMY J
Address: 10229 CHEMSTRAND ROAD
City-St-Zip: PENSACOLA, FL 32514

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CHARLES MICHAEL ELLIOTT, DVM MGR 03/09/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date