

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000010533

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**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  
**Name:** ELLIOTT, CHARLES M D.V.M.  
**Address:** 10229 CHEMSTRAND ROAD  
**City-St-Zip:** PENSACOLA, FL 32514

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

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 Statutes.

**SIGNATURE:** CHARLES MICHAEL ELLIOTT, D.V.M.

DVM

01/05/2011

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