

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000011688

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** PALM AIRE ANIMAL MEDICAL CENTER L.L.C.

**Current Principal Place of Business:**

7636 LOCKWOOD RIDGE ROAD  
SARASOTA, FL 34202

**New Principal Place of Business:**

**Current Mailing Address:**

7636 LOCKWOOD RIDGE ROAD  
SARASOTA, FL 34202

**New Mailing Address:**

**FEI Number:** 37-1483360

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROMERO, STEPHEN PAUL  
12811 DEACONS PLACE  
BRADENTON, FL 34202 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:** MGRM  
**Name:** ROMERO, STEPHEN PAUL  
**Address:** 12811 DEACONS PLACE  
**City-St-Zip:** BRADENTON, FL 34202

**Title:** P  
**Name:** ROMERO, STEPHEN PAUL  
**Address:** 12811 DEACONS PLACE  
**City-St-Zip:** BRADENTON, FL 34202

**Title:** VP  
**Name:** ROMERO, BELINDA L  
**Address:** 7636 LOCKWOOD RIDGE ROAD  
**City-St-Zip:** SARASOTA, FL 34202

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:** STEPHEN PAUL ROMERO

MEMB

02/15/2010

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