

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018877

Entity Name: QUESTVET, LLC

FILED
May 04, 2009
Secretary of State

Current Principal Place of Business:

599 9TH ST N
210
NAPLES, FL 34102 US

New Principal Place of Business:

Current Mailing Address:

599 9TH ST N
SUITE 210
NAPLES, FL 34102 US

New Mailing Address:

FEI Number: 56-2439961 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CLASP INC.
3001 TAMIAMI TRAIL NORTH 4TH FLOOR
NAPLES, FL 34103 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 () Delete
Name: ANAND, PAVAN K
Address: 1373 WOOD DUCK TRAIL
City-St-Zip: NAPLES, FL 34108 US

Title: MGRM () Delete
Name: ANAND, MICHELE K
Address: 1373 WOOD DUCK TRAIL
City-St-Zip: NAPLES, FL 34108 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ANAND, PAVAN K
Address: 599 9TH STREET NORTH SUITE 210
City-St-Zip: NAPLES, FL 34102 US

Title: MGRM (X) Change () Addition
Name: ANAND, MICHELE K
Address: 599 9TH STREET NORTH SUITE 210
City-St-Zip: NAPLES, FL 34102 US

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: PAVAN K. ANAND, MD

MGR

05/04/2009

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