

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036786

FILED  
Mar 15, 2007  
Secretary of State

Entity Name: ANIMAL MEDICAL CLINIC AT WEST TOWN PLACE, L.L.C.

**Current Principal Place of Business:**

425 WEST TOWN PLACE  
128  
ST. AUGUSTINE, FL 32092

**New Principal Place of Business:**

**Current Mailing Address:**

425 WEST TOWN PLACE  
128  
ST. AUGUSTINE, FL 32092

**New Mailing Address:**

FEI Number: 20-1404673      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NIKOLOV, NIKOLAY H  
8000 SAWGRASS VILLAGE CIRCLE  
PONTE VEDRA, FL 32082      US

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

NIKOLOV, NIKOLAY H  
5090-A PALM VALLEY RD  
PONTE VEDRA, FL 32082      US

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: \_\_\_\_\_ 03/15/2007  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NIKOLOV, NIKOLAY H  
Address: 8000 SAWGRASS VILLAGE CIRCLE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NIKOLOV, NIKOLAY H  
Address: 5090-A PALM VALLEY RD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM ( ) Change (X) Addition  
Name: NEUMAN, GARY L  
Address: 8000 SAWGRASS VILLAGE CIR.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGRM ( ) Change (X) Addition  
Name: RUSSELL, KEVIN P  
Address: 4142 ROBIN HOOD  
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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: NIKOLAY NIKOLOV      MGRM      03/15/2007  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date