

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000036786

FILED
Jan 17, 2008
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
5090-A PALM VALLEY RD
PONTE VEDRA, FL 32082 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: NIKOLOV, NIKOLAY H
Address: 5090-A PALM VALLEY RD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

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

ADDITIONS/CHANGES:

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

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: NIKOLAY NIKOLOV

MGRM

01/17/2008

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