

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053979

FILED
Mar 01, 2005
Secretary of State

Entity Name: THOMPSON ANIMAL HOSPITAL, PL

Current Principal Place of Business:

6615 SOUTH FLORIDA AVENUE
LAKELAND, FL 33809 US

New Principal Place of Business:

6615 SOUTH FLORIDA AVENUE
LAKELAND, FL 33813 US

Current Mailing Address:

6615 SOUTH FLORIDA AVENUE
LAKELAND, FL 33809 US

New Mailing Address:

6615 SOUTH FLORIDA AVENUE
LAKELAND, FL 33813 US

FEI Number: 20-1388619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, CHRISTOPHER H
2180 WILLOW OAK ROAD
MULBERRY, FL 33860 US

Name and Address of New Registered Agent:

THOMPSON, CHRISTOPHER H
2184 E. F. GRIFFIN ROAD
BARTOW, FL 33830 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:

03/01/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: THOMPSON, CHRISTOPHER H
Address: 2180 WILLOW OAK ROAD
City-St-Zip: MULBERRY, FL 33860 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THOMPSON, CHRISTOPHER H
Address: 2184 E.F. GRIFFIN ROAD
City-St-Zip: BARTOW, FL 33830 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRISTOPHER H. THOMPSON

MGRM

03/01/2005

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