

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000053979

**FILED**  
**Feb 23, 2006**  
**Secretary of State**

**Entity Name:** THOMPSON ANIMAL HOSPITAL, PL

**Current Principal Place of Business:**

6615 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33813 US

**New Principal Place of Business:**

**Current Mailing Address:**

6615 SOUTH FLORIDA AVENUE  
LAKELAND, FL 33813 US

**New Mailing Address:**

**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  
2184 E. F. GRIFFIN ROAD  
BARTOW, FL 33830 US

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

THOMPSON, CHRISTOPHER H  
2200 EF 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:**

02/23/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** THOMPSON, CHRISTOPHER H  
**Address:** 2200 EF 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 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:** CHRISTOPHER H. THOMPSON

MGRM

02/23/2006

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