2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 07, 2005
Secretary of State

DOCUMENT# L04000086680

Entity Name: TOWN AND COUNTRY ANIMAL HOSPITAL LLC

Current Principal Place of Business:

1820 SANTA BARBARA BLVD.
NAPLES, FL 34116

New Principal Place of Business:

1828 SANTA BARBARA BLVD.
NAPLES, FL 34116

Current Mailing Address:

1820 SANTA BARBARA BLVD.
NAPLES, FL 34116

New Mailing Address:

1828 SANTA BARBARA BLVD.
NAPLES, FL 34116

FEI Number: 20-1965033 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COEN, LARRY W
1820 SANTA BARBARA BLVD.
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

COEN, LARRY W
1828 SANTA BARBARA BLVD.
NAPLES, FL 34116 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: LARRY W. COEN 10/07/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: COEN, LARRY W
Address: 1820 SANTA BARBARA BLVD
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: COEN, LARRY W
Address: 1828 SANTA BARBARA BLVD
City-St-Zip: NAPLES, FL 34116

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: LARRY .W COEN MGR 10/07/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date