2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2006
Secretary of State

DOCUMENT# L04000087035

Entity Name: MARION COUNTY EMERGENCY ANIMAL HOSPITAL LLC

Current Principal Place of Business:

2182 NE 2ND ST
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

2182 NE 2ND ST
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 20-1950659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, ANNE M DVM
1405 NW 98TH STREET
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

JONES, ANNE M DVM
921 SW 170TH ST
NEWBERRY, FL 32669 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: ANNE JONES 07/11/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JONES, ANNE M DVM
Address: 1405 NW 98TH STREET
City-St-Zip: GAINESVILLE, FL 32606 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: JONES, ANNE M DVM
Address: 921 SW 170TH ST
City-St-Zip: NEWBERRY, FL 32669 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: ANNE JONES MGR 07/11/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date