

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087035

FILED  
Apr 26, 2008  
Secretary of State

**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:**

1815 NE JACKSONVILLE RD  
OCALA, FL 34470 US

**Current Mailing Address:**

2182 NE 2ND ST  
OCALA, FL 34470 US

**New Mailing Address:**

1815 NE JACKSONVILLE RD  
OCALA, FL 34470 US

**FEI Number:** 20-1950659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JONES, ANNE M DVM  
921 SW 170TH ST  
NEWBERRY, FL 32669 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: MGR ( ) Delete  
Name: JONES, ANNE M DVM  
Address: 921 SW 170TH ST  
City-St-Zip: NEWBERRY, FL 32669 US

**ADDITIONS/CHANGES:**

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: ANNE JONES

DR.

04/26/2008

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