

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087035

FILED
Apr 09, 2011
Secretary of State

Entity Name: MARION COUNTY EMERGENCY ANIMAL HOSPITAL LLC

Current Principal Place of Business:

1815 NE JACKSONVILLE RD
OCALA, FL 34470 US

New Principal Place of Business:

Current Mailing Address:

1815 NE JACKSONVILLE RD
OCALA, FL 34470 US

New Mailing Address:

FEI Number: 20-1950659

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

JONES, ANNE M DVM
1815 NE JACKSONVILLE RD
OCALA, FL 34470 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

04/09/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: JONES, ANNE M DVM
Address: 1815 NE JACKSONVILLE RD
City-St-Zip: OCALA, FL 34470 US

I hereby 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.

04/09/2011

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