

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 06, 2005 8:00 am
Secretary of State

05-17-2005 90119 049 ****50.00

DOCUMENT # L04000090777					
1. Entity Name JACKSONVILLE VETERINARY ER, PL					
Principal Place of Business 3444 SOUTHSIDE BLVD., SUITE 103 JACKSONVILLE FL 32216			Mailing Address 3444 SOUTHSIDE BLVD., SUITE 103 JACKSONVILLE FL 32216		
2. Principal Place of Business 3444 Southside Blvd, Suite 103 Suite, Apt. #, etc. Jacksonville, FL		3. Mailing Address 3444 Southside Blvd, Suite 103 Suite, Apt. #, etc. Jacksonville, FL			
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 20-201-0300	
Zip 32216		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WALLIS, DONALD W ESO 1301 RIVERPLACE BLVD., SUITE 1500 JACKSONVILLE FL 32207			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Manager</i> W. Thomas A. Wallis, Jr. DVM 3444 Southside Blvd, Suite 103 Jacksonville, FL 32216	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify 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 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: <i>W. Thomas A. Wallis, Jr.</i>			Date: <i>05/05/05</i> Daytime Phone #: <i>(904) 646-1287</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					