

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092164

FILED
Apr 11, 2006
Secretary of State

Entity Name: SEMINOLE ANIMAL HOSPITAL, LLC

Current Principal Place of Business:

2515 W. 25TH ST.
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

2515 W. 25TH ST.
SANFORD, FL 32771

New Mailing Address:

FEI Number: 42-1649844

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BORGMAN, JENNIFER B
2750 CYPRESS LANE
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

BORGMAN, JENNIFER B
2515 W. 25TH STREET
SANFORD, FL 32771 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: JENNIFER BORGMAN

04/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BORGMAN, WESLEY F
Address: 2750 CYPRESS LANE
City-St-Zip: KISSIMMEE, FL 34746

Title: MGR () Delete
Name: BORGMAN, JENNIFER B
Address: 2750 CYPRESS LANE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BORGMAN, WESLEY F
Address: 2515 W. 25TH STREET
City-St-Zip: SANFORD, FL 32771

Title: MGR (X) Change () Addition
Name: BORGMAN, JENNIFER B
Address: 2515 W. 25TH STREET
City-St-Zip: SANFORD, FL 32771

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: JENNIFER BORGMAN

MS.

04/11/2006

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