

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093434

FILED
Sep 05, 2006
Secretary of State

Entity Name: ISLAND ANIMAL HOSPITAL, PLLC

Current Principal Place of Business:

262 SUNSET AVENUE
PALM BEACH, FL 33480

New Principal Place of Business:

Current Mailing Address:

262 SUNSET AVENUE
PALM BEACH, FL 33480

New Mailing Address:

FEI Number: 20-2057522 **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:

Name and Address of New Registered Agent:

DIVINE, BLALOCK, MARTIN & SELLARI, P.A.
560 VILLAGE BLVD., STE. 335
WEST PALM BEACH, FL 33409 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TURKELL, ANDREW DVM
Address: 262 SUNSET AVENUE
City-St-Zip: PALM BEACH, FL 33480

Title: MGRM () Delete
Name: OCHSTEIN, DAVID BRAD DVM
Address: 262 SUNSET AVENUE
City-St-Zip: PALM BEACH, FL 33480

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANDREW A. TURKELL

MGRM

09/05/2006

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