2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005719

Entity Name: ALAFIA ANIMAL HOSPITAL, LLC

FILED Feb 23, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7017 LITHIA PINECREST RD LITHIA, FL 33547

Current Mailing Address: New Mailing Address:

7017 LITHIA PINECREST RD LITHIA, FL 33547

FEI Number: 06-1738759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

WOODSIDE, MARK R D.V.M.
3208 EMPEDRADO ST
TAMPA, FL 33629 US
WOODSIDE, MARK R D.V.M.
4122 W GRANADA ST
TAMPA, FL 33629 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: 02/23/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: WOODSIDE, MARK R DVM
Address: 3208 EMPEDRADO ST
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Delete
Name: WOODSIDE, KATHERINE K
Address: 3208 EMPEDRADO ST
City-St-Zip: TAMPA, FL 33629

Title: MGRM (X) Change () Addition
Name: WOODSIDE, MARK R DVM
Address: 4122 W GRANADA ST
City-St-Zip: TAMPA, FL 33629

Title: MGRM (X) Change () Addition
Name: WOODSIDE, KATHERINE K
Address: 4122 W GRANADA ST
City-St-Zip: TAMPA, FL 33629

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: MARK R WOODSIDE, DVM MMBR 02/23/2006