2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000007682

Entity Name: PAWS & CLAWS MOBILE PET CLINIC, LLC

FILED Jan 26, 2011 Secretary of State

01/26/2011

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

4747 SW 60TH AVENUE OCALA, FL 34474 US

Current Mailing Address: New Mailing Address:

4747 SW 60TH AVENUE OCALA, FL 34474 US

FEI Number: 20-2383353 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:

HAMER, KELLY G ESQ.
307 NW 3RD STREET
OCALA, FL 34475 US
HAMER, KELLY G ESQ.
7 EAST SILVER SPRINGS BLVD
SUITE 500
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: KELLY G. HAMER

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM

Name: MATTHEWS, PHILIP M Address: 4747 SW 60TH AVENUE City-St-Zip: OCALA, FL 34474 US

Title: MGRM Name: HAHN, JACK K

Address: 4747 SW 60TH AVENUE City-St-Zip: OCALA, FL 34474 US

Title: MGRM

Name: SLONE, DONNIE E JR.
Address: 4747 SW 60TH AVENUE
City-St-Zip: OCALA, FL 34474 US

Title: MGRM

 Name:
 RUSSELL, WILLIAM B

 Address:
 4747 SW 60TH AVENUE

 City-St-Zip:
 OCALA, FL 34474 US

Title: MGRM

 Name:
 RIGGS, ALLEN B

 Address:
 4747 SW 60TH AVENUE

 City-St-Zip:
 OCALA, FL 34474 US

Title: MGRM

 Name:
 HUGHES, FAITH E

 Address:
 4747 SW 60TH AVENUE

 City-St-Zip:
 OCALA, FL 34474

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 Statues.

SIGNATURE: PHILIP M. MATTHEWS MGRM 01/26/2011