2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: PAWS & CLAWS MOBILE PET CLINIC, LLC

Current Principal Place of Business:

4747 SW 60TH AVENUE
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

4747 SW 60TH AVENUE
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 20-2383353 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HAMER, KELLY G ESQ.
7 EAST SILVER SPRINGS BLVD
SUITE 500
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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
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: DR. MATTHEWS MGRM 01/10/2012

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