


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000008706</b> 1. Entity Name <b>MARICAMP ANIMAL HOSPITAL, LLC</b>	
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Principal Place of Business <b>4485 SE 53RD AVE OCALA, FL 34480</b>	Mailing Address <b>4485 SE 53RD AVE OCALA, FL 34480</b>
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04102007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>87-0741384</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>KIERSTEIN, LEE E 4485 SE 53RD AVE OCALA, FL 34480</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KIERSTEIN, LEE E 4485 SE 53RD AVE OCALA, FL 34480
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4/10/07 3526240300**  
Date Daytime Phone #