

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000008706

1. Entity Name
MARICAMP ANIMAL HOSPITAL, LLC



Principal Place of Business
4485 SE 53RD AVE
OCALA, FL 34480

Mailing Address
4485 SE 53RD AVE
OCALA, FL 34480

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

DO NOT WRITE IN THIS SPACE

04102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 87-0741384	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KIERSTEIN, LEE E
4485 SE 53RD AVE
OCALA, FL 34480

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IN THIS SPACE**

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 changing)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME KIERSTEIN, LEE E
STREET ADDRESS 4485 SE 53RD AVE
CITY-ST-ZIP OCALA, FL 34480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

000000715018
04/27/07-80046-017 50.00

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 #