

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000021340

FILED
Aug 21, 2006
Secretary of State

Entity Name: BEST FRIENDS ANIMAL HOSPITAL, P.L.

Current Principal Place of Business:

1205 MANATEE AVENUE WEST
BRADENTON, FL 34205

New Principal Place of Business:

5110 CLARK ROAD
SARASOTA, FL 34233

Current Mailing Address:

1205 MANATEE AVENUE WEST
BRADENTON, FL 34205

New Mailing Address:

5110 CLARK ROAD
SARASOTA, FL 34233

FEI Number: 20-2444958 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KNOWLES, TIMOTHY A
1205 MANATEE AVENUE WEST
BRADENTON, FL 34205 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: CLARKSON, TAMARA J DR
Address: 5110 CLARK ROAD
City-St-Zip: SARASOTA, FL 34233

Title: MGRM () Change (X) Addition
Name: FUGENT, MADONNA J DR
Address: 5110 CLARK ROAD
City-St-Zip: SARASOTA, FL 34233

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: DR. TAMARA J CLARKSON

MGRM

08/21/2006

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