

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042652

FILED
Mar 30, 2009
Secretary of State

Entity Name: THE RANCH ANIMAL HOSPITAL, LLC

Current Principal Place of Business:

8470 ENTERPRISE CIRCLE
SUITE 201
BRADENTON, FL 34202 US

New Principal Place of Business:

11105 CORRIDOR PLACE
BRADENTON, FL 34212 US

Current Mailing Address:

8470 ENTERPRISE CIRCLE
SUITE 201
BRADENTON, FL 34202 US

New Mailing Address:

11105 CORRIDOR PLACE
BRADENTON, FL 34212 US

FEI Number: 20-3316598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PFLUGNER, J GEOFFREY
8470 ENTERPRISE CIRCLE
SUITE 201
BRADENTON, FL 34202 US

Name and Address of New Registered Agent:

COHEN, ADAM T DR,
11105 CORRIDOR PLACE
BRADENTON, FL 34212 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: DR. ADAM T. COHEN

03/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COHEN, ADAM
Address: 2821 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34239

Title: MGR () Delete
Name: COHEN, DAWN
Address: 2821 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: COHEN, ADAM T
Address: 2821 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34239

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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. ADAM T. COHEN

CEO

03/30/2009

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