

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042950

FILED
Aug 01, 2006
Secretary of State

Entity Name: PALMETTO ANIMAL HEALTH CENTER, L.L.C.

Current Principal Place of Business:

18450-B U.S. HIGHWAY 441
MOUNT DORA, FL 32757

New Principal Place of Business:

18460 U.S. HIGHWAY 441
MOUNT DORA, FL 32757

Current Mailing Address:

8039 ST. JAMES WAY
MOUNT DORA, FL 32757

New Mailing Address:

18460 U.S. HIGHWAY 441
MOUNT DORA, FL 32757

FEI Number: 47-0960536 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:

CURTIS, TONYA DEE D.V.M.
8039 ST. JAMES WAY
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

CURTIS, TONYA DEE D.V.M.
18460 U. S. HIGHWAY 441
MOUNT DORA, FL 32757 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: TONYA DEE CURTIS, DVM

08/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CURTIS, TONYA DEE D.V.M.
Address: 18450-B U.S. HIGHWAY 441
City-St-Zip: MOUNT DORA, FL 32757

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CURTIS, TONYA DEE D.V.M.
Address: 18460 U.S. HIGHWAY 441
City-St-Zip: MOUNT DORA, FL 32757

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: TONYA DEE CURTIS

DR.

08/01/2006

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