2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000103242

SIGNATURE

FILED Feb 20, 2006 8:00 am Secretary of State 01-09-2006 90049 034 ****55.00

TEIGLAN												
12277 S.W. Suite 909	ce of Business 55TH STREET DALE, FL 33330	Mailing Address 12277 S.W. 55TH STREET SUITE 909 FT. LAUDERDALE, FL 33330				3000065 4						
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052006	c	Chg-LL	С	CR2	E083 (11/0	5)	
City & State		City & State				4. FEI Numb		208	346)	_ <u> </u>	Applied For Not Applicable
Zip	Country	Zip 	Coun	try		5. Certificati				. 4	\$5.00 A Fee Requ	
	6. Name and Address of Current R	egistered Agent		Nama		7. Name and	d Add	ress of	New R	egistere	d Agent	
BORKSON, ELLIOT P 1313 SOUTH ANDREWS AVENUE FT. LAUDERDALE, FL 33316				Name Street Ac	dress (F	P.O. Box Numb	ber is	Not Acc	eptable	=)		
				City						F	Zip Co	ode.
the obligat	named entity submits this statement for ions of registered agent.	he purpose of changing its r	egistere	ed office or	registere	ed agent, or bo	oth, in	the Sta	te of Flo	orida. Ia	m familiar wit	h, and accept
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered	d Agent signatur	re required v	when reinstating)				DATE		
F D	iling Fee is \$50.00 ue by May 1, 2006							-			payable to	
9.	MANAGING MEMBER	S/MANAGERS	10.					ADDI	TIONS/	CHANG	ES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAY, SCOTT A 12751 S.W. 56TH STREET FT. LAUDERDALE, FL 33330	☐ Delete		1							Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	MGR CASTRO, LUIS A 4 CASSIDY DRIVE SARATOGA SPRINGS, NY 12866	☐ Delete								•••	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	•								Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I .							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP						,	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1	T ADDRESS ST-ZIP	٠,			_			☐ Change	Addition

11. I hereby certify that the information supplied with this filling 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 accordate 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.

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE



ATTACHMENT - 30000654

FLORIDA DEPARTMENT OF STATE Division of Corporations

January 12, 2006

TEIGLAND, FRANKLIN& BROKKEN DVM PC, LLC 12277 S.W. 55TH STREET SUITE 909 FT. LAUDERDALE, FL 33330

Subject: TEIGLAND, FRANKLIN& BROKKEN DVM PC, LLC

Reference Number:

L05000103242

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/al ANNUAL REPORTS SECTION