

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103242

FILED  
Jan 14, 2009  
Secretary of State

**Entity Name:** TEIGLAND,FRANKLIN&BROKKEN DVM PC, LLC

**Current Principal Place of Business:**

12277 S.W. 55TH STREET  
SUITE 909  
FT. LAUDERDALE, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

12277 S.W. 55TH STREET  
SUITE 909  
FT. LAUDERDALE, FL 33330

**New Mailing Address:**

**FEI Number:** 20-4300842      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BORKSON, ELLIOT P  
1313 SOUTH ANDREWS AVENUE  
FT. LAUDERDALE, FL 33316      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: MGR ( ) Delete  
Name: HAY, SCOTT A  
Address: 12751 S.W. 56TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 33330

Title: MGR ( ) Delete  
Name: CASTRO, LUIS A  
Address: 4 CASSIDY DRIVE  
City-St-Zip: SARATOGA SPRINGS, NY 12866

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: CASTRO, LUIS A  
Address: 23 RUGGLES ROAD  
City-St-Zip: SARATOGA SPRINGS, NY 12866

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: SCOTT HAY

MGR

01/14/2009

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