


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-01-2007 90051 025 ****50.00

DOCUMENT # L05000123198	
1. Entity Name VETERINARY REHABILITATION & WELLNESS CENTER, LLC	

Principal Place of Business 7729 GRAND BLVD PORT RICHEY, FL 34668 US	Mailing Address 9660 LAKEVIEW DRIVE NEW PORT RICHEY, FL 34654 US
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30001044



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01252007 Chg-LLC CR2E083 (12/06)

4. FEI Number **20-3995231** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FUCCI, VALERIE 9660 LAKEVIEW DRIVE NEW PORT RICHEY, FL 34654	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FUCCI, VALERIE 9660 LAKEVIEW DRIVE NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing 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 accurate 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.

SIGNATURE: Valerie Fucci 1/26/07 (727) 845-4566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #