

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000123198

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** VETERINARY REHABILITATION & WELLNESS CENTER, LLC

**Current Principal Place of Business:**

2046 GUNN HWY  
ODESSA, FL 33556 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 86  
PORT RICHEY, FL 34673 US

**New Mailing Address:**

**FEI Number:** 20-3995231

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FUCCI, VALERIE  
2046 GUNN HWY  
ODESSA, FL 33556 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: MGRM  
Name: FUCCI, VALERIE  
Address: P.O. BOX 86  
City-St-Zip: PORT RICHEY, FL 34673 US

I hereby 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: VALERIE FUCCI

MGRM

02/15/2012

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