

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000024926

**FILED**  
**Jun 28, 2011**  
**Secretary of State**

**Entity Name:** ANIMAL EMERGENCY HOSPITAL-VOLUSIA, LLC

**Current Principal Place of Business:**

918 RIDGEWOOD AVE  
HOLLY HILL, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

350 N CAUSEWAY  
NEW SMYRNA BEACH, FL 32169 US

**New Mailing Address:**

**FEI Number:** 27-4570956

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, DIANE A DVM  
918 RIDGEWOOD AVE  
HOLLY HILL, FL 32117 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:** JOHNSON, DIANE  
**Address:** 918 RIDGEWOOD AVE  
**City-St-Zip:** HOLLY HILL, FL 32117

**Title:** MGR  
**Name:** MARCHAND, TANIA  
**Address:** 1100 NORTH PENINSULA DRIVE  
**City-St-Zip:** NEW SMYRNA BEACH, FL 32169 VO

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:** DIANE A. JOHNSON

MGRM

06/28/2011

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