


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000033600		
1. Entity Name DR. B'S ANIMAL HOSPITAL, LLC		
Principal Place of Business 3170 DAVIE BLVD. FT. LAUDERDALE, FL 33312 US	Mailing Address 3170 DAVIE BLVD. FT. LAUDERDALE, FL 33312 US	



01172008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-4610997	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent DIFIORE, CHRISTINE M 14201 W. SUNRISE BLVD. SUITE 201 SUNRISE, FL 33323	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

000000883827
04/17/08-30019-012 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BEAUPIED, CHRISTOPHER J 3170 DAVIE BLVD. FT. LAUDERDALE, FL 33312
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**DO NOT WRITE
IN THIS SPACE**

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: *Christopher Beaupied* CHRISTOPHER BEAUPIED

4/2/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

954-581-3583