

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000042498

**FILED**  
**Mar 22, 2012**  
**Secretary of State**

**Entity Name:** OCALA SQUARE ANIMAL HOSPITAL, LLC

**Current Principal Place of Business:**

3631 NE 8TH PLACE  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

1811 OKEECHOBEE RD.  
FORT PIERCE, FL 34950

**New Mailing Address:**

**FEI Number:** 20-3926697

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JUILLERAT, DANA K DR.  
9528 SHADOW LANE  
FORT PIERCE, FL 34951 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: OWNE  
Name: JUILLERAT, DANA K DR.  
Address: 9528 SHADOW LANE  
City-St-Zip: FORT PIERCE, FL 34951

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: DANA K JUILLERAT

OWNE

03/22/2012

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