

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000043992

FILED
Nov 18, 2009
Secretary of State

Entity Name: ANIMAL HOSPITAL OF THE EMERALD COAST, PL

Current Principal Place of Business:

350 E. MIRACLE STRIP PARKWAY
MARY ESTHER, FL 32569 US

New Principal Place of Business:

Current Mailing Address:

350 E. MIRACLE STRIP PARKWAY
MARY ESTHER, FL 32569 US

New Mailing Address:

FEI Number: 20-4848403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHESSER, D. MICHAEL ESQ.
1201 EGLIN PARKWAY
SHALIMAR, FL 32579 US

Name and Address of New Registered Agent:

CULOTTA, JAMES A
350 E. MIRACLE STRIP PARKWAY
MARY ESTHER, FL 32569 US

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: JAMES A. CULOTTA

11/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TOVREA, LAUREL L DVM
Address: 350 E. MIRACLE STRIP PARKWAY
City-St-Zip: MARY ESTHER, FL 32569 US

Title: MGRM () Delete
Name: CULOTTA, JAMES A DVM
Address: 350 E. MIRACLE STRIP PARKWAY
City-St-Zip: MARY ESTHER, FL 32569 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: LAUREL L. TOVREA

MGR.

11/18/2009

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