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Mar 06, 2007 8:00 am
Secretary of State
02-12-2007 90310 029 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000045267

1. Entity Name
ALTA BLUFF ANIMAL HOSPITAL, LLC

Principal Place of Business	Mailing Address
4496 SOUTHSIDE BLVD. SUITE 200 JACKSONVILLE, FL 32216	4496 SOUTHSIDE BLVD. SUITE 200 JACKSONVILLE, FL 32216

01262007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-4847420 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CULPEPER, ROBERT A JR. 4496 SOUTHSIDE BLVD. SUITE 200 JACKSONVILLE, FL 32216	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUGGS, ALLEN D JR. 4496 SOUTHSIDE BLVD. SUITE 200 JACKSONVILLE, FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CULPEPPER, ROBERT A JR 4496 SOUTHSIDE BLVD. SUITE 200 JACKSONVILLE, FL 32216	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] 2/5/07 904-642-1744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #