

2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000045267

FILED
Jun 02, 2008
Secretary of State

Entity Name: ALTA BLUFF ANIMAL HOSPITAL, LLC

Current Principal Place of Business:

3130 NEW BERLIN ROAD
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

10175 FORTUNE PKWY # 601
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-4847420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CULPEPER, ROBERT A JR.
4496 SOUTHSIDE BLVD.
JACKSONVILLE, FL 32216 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: MGR () Delete
Name: SUGGS, ALLEN D JR.
Address: 10175 FORTUNE PKWAY # 601
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR () Delete
Name: CULPEPPER, ROBERT A JR
Address: 4496 SOUTHSIDE BLVD
City-St-Zip: JACKSONVILLE, FL 32216

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: ALVAREZ, JULIA DVM
Address: 3130 NEW BERLIN ROAD
City-St-Zip: JACKSONVILLE, FL 32256

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: ALLEN SUGGS

MGR

06/02/2008

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