2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000045267

City-St-Zip:

JACKSONVILLE, FL 32256

Entity Name: ALTA BLUFF ANIMAL HOSPITAL, LLC

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3130 NEW BERLIN ROAD JACKSONVILLE, FL 32226 **Current Mailing Address: New Mailing Address:** 10175 FORTUNE PKWY # 601 JACKSONVILLE, FL 32256 FEI Number: 20-4847420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CULPEPER, ROBERT A JR. 4496 SOUTHSIDE BLVD. JACKSONVILLE, FL 32216 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete SUGGS, ALLEN D JR. Name: Name: Address: 10175 FORTUNE PKWAY # 601 Address: City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: Title: MGR () Delete Title: () Change () Addition CULPEPPER, ROBERT A JR Name: Name: Address: 4496 SOUTHSIDE BLVD. Address: City-St-Zip: JACKSONVILLE, FL 32216 City-St-Zip: Title: MGR () Delete Title: () Change () Addition ALVAREZ, JULIA DVM Name: Name: 3130 NEW BERLIN ROAD Address: Address:

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.

City-St-Zip:

SIGNATURE: ALLEN SUGGS MGR 04/29/2009