

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000045267

**FILED**  
**Apr 27, 2010**  
**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  
Name: SUGGS, ALLEN D JR.  
Address: 10175 FORTUNE PKWAY # 601  
City-St-Zip: JACKSONVILLE, FL 32256

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

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

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: ALLEN SUGGS

MGR

04/27/2010

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