

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000047532

FILED
Jan 14, 2008
Secretary of State

Entity Name: DR. NINA'S ANIMAL HOSPITAL, LLC.

Current Principal Place of Business:

1483 ARBITUS CIR
OVIEDO, FL 32765 US

New Principal Place of Business:

2959 FRUITVILLE ROAD
SARASOTA, FL 34237 US

Current Mailing Address:

1483 ARBITUS CIR
OVIEDO, FL 32765 US

New Mailing Address:

2959 FRUITVILLE ROAD
SARASOTA, FL 34237 US

FEI Number: 20-4856119

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NANTON, NICHOLAS D
1483 ARBITUS CIR
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

MIKE, KRAJEWSKI
2959 FRUITVILLE ROAD
SARASOTA, FL 34237 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: MIKE KRAJEWSKI

01/14/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KRAJEWSKI, JANINA L
Address: 1483 ARBITUS CIR
City-St-Zip: OVIEDO, FL 32765 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KRAJEWSKI, JANINA L
Address: 5797 AARON CT
City-St-Zip: SARASOTA, FL 34237 US

Title: MGRM () Change (X) Addition
Name: KRAJEWSKI, MIKE M
Address: 5797 AARON CT
City-St-Zip: SARASOTA, FL 34237

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: MIKE KRAJEWSKI

MGRM

01/14/2008

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