2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000070024

Entity Name: BEST FRIENDS PET DOCTOR LLC

FILED Feb 10, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

16019 HWY. 331 SOUTH 16019 HWY, 331 SOUTH FREEPORT, FL 32439 US

SUITE #7 FREEPORT, FL 32439

New Mailing Address:

US

16019 HWY. 331 SOUTH 16019 HWY. 331 SOUTH

FREEPORT, FL 32439 US SUITE #7

FREEPORT, FL 32439 US

FEI Number: 30-4088445 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:

WENDY R. KEMPA, DVM 660 MAGNOLIA LAKE DRIVE DEFUNIAK SPRINGS, FL 32433 US

Current Mailing Address:

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:

MGRM Title: () Delete (X) Change () Addition KEMPA, WENDY Name: Name: KEMPA, WENDY R DR. Address: 660 MAGNOLIA LAKE DRIVE Address: 660 MAGNOLIA LAKE DRIVE City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

(X) Change () Addition Title: MGRM () Delete Title: MGRM

Name: KEMPA, CLAUDIO Name: KEMPA, CLAUDIO G Address: 660 MAGNOLIA LAKE DRIVE Address: 660 MAGNOLIA LAKE DRIVE City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

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: WENDY R. KEMPA 02/10/2008