

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000104287

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA L.A. VETERINARY SERVICES, L.L.C.

**Current Principal Place of Business:**

4515 HIGHWAY 66 EAST  
ZOLFO SPRINGS, FL 33890

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 450  
ZOLFO SPRINGS, FL 33890

**New Mailing Address:**

**FEI Number:** 64-0952630

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHIVER, GARY C D.V.M.  
4515 HIGHWAY 66 EAST  
ZOLFO SPRINGS, FL 33890 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: MGRM  
Name: SHIVER, GARY C  
Address: 4515 HIGHWAY 66 EAST  
City-St-Zip: ZOLFO SPRINGS, FL 33890

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: GARY C. SHIVER

MGRM

02/28/2011

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