

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000057925

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

**Entity Name:** COUNTRY OAKS VETERINARY CLINIC, PLLC

**Current Principal Place of Business:**

13938 S US HWY 441  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

13938 S US HWY 441  
SUMMERFIELD, FL 34491

**New Mailing Address:**

**FEI Number:** 26-0280077

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAMIREZ, FRANCES M DVM  
13938 S US HWY 441  
SUMMERFIELD, FL 34491 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:** RAMIREZ, FRANCES M  
**Address:** P.O. BOX 770  
**City-St-Zip:** SUMMERFIELD, FL 34492

**Title:** MGR  
**Name:** DAVILA, JOSE R  
**Address:** P.O. BOX 770  
**City-St-Zip:** SUMMERFIELD, FL 34492

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:** FRANCES M. RAMIREZ

MGR

01/06/2012

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