

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070467

FILED
Jan 22, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA VETERINARY ASSOCIATES, PLC

Current Principal Place of Business:

83 SANDCASTLE DRIVE
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

83 SANDCASTLE DRIVE
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 26-0492337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH, FL 32114 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 () Delete
Name: SUKHIJA, AMAN S DVM
Address: 83 SANDCASTLE DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGR () Delete
Name: MACPHAIL, THOMAS W DVM
Address: 2120 INTERNATIONAL SPEEDWAY BLVD
City-St-Zip: DELAND, FL 32724

Title: MGR () Delete
Name: ULBRICH, DEBORAH C DVM
Address: 2120 INTERNATIONAL SPEEDWAY BLVD.
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AMAN SUKHIJA, DVM

MGR

01/22/2009

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