

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 10, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90076 047 \*\*\*138.75

DOCUMENT # L07000088142

1. Entity Name  
 WEST COAST VETERINARY CENTER, LLC



Principal Place of Business  
 8231 COASH ROAD  
 SARASOTA, FL 34241

Mailing Address  
 8231 COASH ROAD  
 SARASOTA, FL 34241

30009114



2. Principal Place of Business - No P.O. Box #  
 7910 State Road 72  
 Suite, Apt. #, etc.

3. Mailing Address  
 8231 Coash Road  
 Suite, Apt. #, etc.

01232008 Chg-LLC CR2E083 (12/06)

City & State  
 Sarasota, FL  
 Zip  
 34241  
 Country  
 Sarasota

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 Sarasota, FL  
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 34241  
 Country  
 Sarasota

4. FEI Number  
 20-1487827  
 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DOERR, KENNETH D  
 240 SOUTH PINEAPPLE AVE., 10TH FLOOR  
 SARASOTA, FL 34236

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
Mgr M	Elizabeth L. Brown	8231 Coash Road	Sarasota, FL 34241	<input type="checkbox"/>
Mgr M	Torah M. Browning	13706 3rd Ave East	Bradenton, FL 34212	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 6/10/08  
 Daytime Phone #: 941-737-3660