

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091493

FILED  
Mar 14, 2008  
Secretary of State

**Entity Name:** PARK AVENUE ANIMAL HOSPITAL LLC

**Current Principal Place of Business:**

151 KENTUCKY BLUE CIRCLE  
APOPKA, FL 32712

**New Principal Place of Business:**

847 N. PARK AVENUE  
APOPKA, FL 32712

**Current Mailing Address:**

151 KENTUCKY BLUE CIRCLE  
APOPKA, FL 32712

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

KANE, STEVEN H  
557 N WYMORE ROAD  
100  
MAITLAND, FL 32751 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 ( ) Delete  
Name: TURGAI, JOHN  
Address: 2709 ESTEP CT  
City-St-Zip: OCOEE, FL 34761

Title: MGRM ( ) Delete  
Name: RUBINSTEIN, RICHARD  
Address: 151 KENTUCKY BLUE CIRCLE  
City-St-Zip: APOPKA, FL 32712

**ADDITIONS/CHANGES:**

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: RICHARD RUBINSTEIN                      MGRM                      03/14/2008

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