2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 18, 2009
Secretary of State

DOCUMENT# L07000098249

Entity Name: MY NAPLES VET, LLC

Current Principal Place of Business:

1828 SANTA BARBARA BLVD.
NAPLES, FL 341165444

New Principal Place of Business:

Current Mailing Address:

1828 SANTA BARBARA BLVD.
NAPLES, FL 341165444

New Mailing Address:

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

Name and Address of Current Registered Agent:

YEAGER CHEFFY, JANE
2375 TAMIAMI TRAIL NORTH, SUITE 310
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

SOULE, KARI
6031 SHADY OAKS LANE
NAPLES, FL 34119 US

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: KARI SOULE 05/18/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CHETKOWSKI, JANE D
Address: 1828 SANTA BARBARA BLVD.
City-St-Zip: NAPLES, FL 341165444

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: TOWN AND COUNTRY ANIMAL HOSPITAL OF COLLIE
Address: 1828 SANTA BARBARA BLVD.
City-St-Zip: NAPLES, FL 341165444

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: JANE CHETKOWSKI MGR 05/18/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date