

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000098249

Entity Name: MY NAPLES VET, LLC

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1828 SANTA BARBARA BLVD.  
NAPLES, FL 341165444

**New Principal Place of Business:**

1828 SANTA BARBARA BLVD.  
NAPLES, FL 34116

**Current Mailing Address:**

1828 SANTA BARBARA BLVD.  
NAPLES, FL 341165444

**New Mailing Address:**

1828 SANTA BARBARA BLVD.  
NAPLES, FL 34116

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

WHITTEMORE, KARI  
4933 N TAMiami TRAIL  
203  
NAPLES, FL 34103 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: TOWN AND COUNTRY ANIMAL HOSPITAL OF COLLIE  
Address: 1828 SANTA BARBARA BLVD.  
City-St-Zip: NAPLES, FL 341165444

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: JANE CHETKOWSKI

MM

04/11/2012

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