

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000104566

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Entity Name:** ALTERNATIVE VETERINARY MEDICINE P.L.L.C.

**Current Principal Place of Business:**

2431 FLORIDA GEORGIA HIGHWAY  
HAVANA, FL 32333

**New Principal Place of Business:**

**Current Mailing Address:**

216 SAINT ELMO CIRCLE  
WHIGHAM, GA 39897

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

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

WEST, CYNTHIA  
2431 FLORIDA GEORGIA HIGHWAY  
HAVANA, FL 32333 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  
Name: WEST, CYNTHIA  
Address: 2431 FLORIDA GEORGIA HIGHWAY  
City-St-Zip: HAVANA, FL 32333

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: CYNTHIA L. WEST

MGRM

03/28/2011

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