2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2010
Secretary of State

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Entity Name: CLERMONT ANIMAL HOSPITAL SOUTH FOUR CORNERS, LLC

Current Principal Place of Business:

118 POLO PARK BOULEVARD EAST
DAVENPORT, FL 33897

New Principal Place of Business:

Current Mailing Address:

118 POLO PARK BOULEVARD EAST
DAVENPORT, FL 33897

New Mailing Address:

FEI Number: 26-2374904 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROBINSON, KATHIE L
118 POLO PARK BOULEVARD EAST
DAVENPORT, FL 33897 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: ROBINSON, KATHIE L
Address: 118 POLO PARK BOULEVARD EAST
City-St-Zip: DAVENPORT, FL 33897

Title: MGRM
Name: ROBINSON, TIMOTHY B
Address: 118 POLO PARK BOULEVARD EAST
City-St-Zip: DAVENPORT, FL 33897

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 Statues.

SIGNATURE: KATHIE L ROBINSON MGRM 04/10/2010

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