

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000037466

FILED
Apr 15, 2009
Secretary of State

Entity Name: PALM BEACH EQUINE EMBRYO CENTER LLC

Current Principal Place of Business:

NEWBRIDGE RD
AIKEN, SC 29803 US

New Principal Place of Business:

140 KANSAS WAY
AIKEN, SC 29803 US

Current Mailing Address:

13125 SOUTHFIELDS RD
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 26-2382624 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALM BEACH EQUINE MEDICAL CENTER LLC
13125 SOUTHFIELDS RD
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

SWERDLIN, SCOTT J
13125 SOUTHFIELDS RD
WELLINGTON, FL 33414 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: SCOTT J SWERDLIN

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SWERDLIN, SCOTT J
Address: 13125 SOUTHFIELDS RD
City-St-Zip: WELLINGTON, FL 33414 US

Title: MGR () Delete
Name: PALM BEACH EQUINE MEDICAL CENTERS LLC
Address: 13125 SOUTHFIELDS RD
City-St-Zip: WELLINGTON, FL 33414 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BRUSIE, ROBERT W
Address: 13125 SOUTHFIELDS RD
City-St-Zip: WELLINGTON, FL 33414 US

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: SCOTT J SWERDLIN

MGRM

04/15/2009

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