

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051654

FILED
Apr 26, 2011
Secretary of State

Entity Name: ALL CARE ANIMAL EMERGENCY CLINIC,LLC

Current Principal Place of Business:

9450 OLD DIXIE HWY
LAKE PARK, FL 334031216

New Principal Place of Business:

Current Mailing Address:

2473 SE GOWIN DR.
PORT ST LUCIE, FL 349525573

New Mailing Address:

9450 OLD DIXIE HWY
LAKE PARK, FL 334031216

FEI Number: 26-3113424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCORTEANU, ROMINA O DVM
2473 SE GOWIN DRIVE
PORT ST. LUCIE, FL 349525573 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: SCORTEANU, ROMINA O DVM
Address: 2473 SE GOWIN DR.
City-St-Zip: PORT ST LUCIE, FL 349525573

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: ROMINA SCORTEANU

MGR

04/26/2011

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