

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000064793

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** STATEWIDE VETERINARY - DONALD JAMES CALACETO, DVM, LLC

**Current Principal Place of Business:**

199 RIVERSIDE AVE.  
SUITE #7  
BRISTOL, CT 06010

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5976  
HUDSON, FL 34674

**New Mailing Address:**

P.O. BOX 2044  
BRISTOL, CT 06011

**FEI Number:** 30-0493150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DONALD JAMES CALACETO, DVM  
6926 MCCRAY DR.  
HUDSON, FL 34667 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 ( ) Delete  
Name: DONALD JAMES CALACETO, DVM  
Address: 39036 HWY 19 N.  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DONALD JAMES CALACETO, DVM  
Address: 6926 MCCRAY DR.  
City-St-Zip: HUDSON, FL 34667

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: DONALD JAMES CALACETO, DVM

MGR

04/08/2009

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