2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# L08000085187

Entity Name: ALTAMONTE 436 PET DOC HOSPITAL LLC

Current Principal Place of Business:

262 ALTAMONTE SPRINGS DR
ALTAMONTE SPRINGS, FL 327014339

New Principal Place of Business:

262 ALTAMONTE SPRINGS DR
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

206 TRANQUILITY COVE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 80-0247018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADKINS, LARRY
206 TRANQUILITY COVE
ALTAMONTE SPRINGS, FL 32701 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 ( ) Delete
Name: ADKINS, LARRY
Address: 206 TRANQUILITY COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGRM ( ) Delete
Name: ADKINS, BRIAN
Address: 2025 ARBOUR VIEW DRIVE
City-St-Zip: CARY, NC 27519

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: ADKINS, BRIAN
Address: 109 ROCKLAND CIRCLE
City-St-Zip: CARY, NC 27519

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: LARRY G. ADKINS MGRM 04/26/2009

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