

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000116458

**FILED**  
**Jan 31, 2011**  
**Secretary of State**

**Entity Name:** BRADFORDVILLE ANIMAL HOSPITAL, L.L.C.

**Current Principal Place of Business:**

6714 THOMASVILLE ROAD  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

6714 THOMASVILLE ROAD  
TALLAHASSEE, FL 32312

**New Mailing Address:**

**FEI Number:** 59-3066271

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BREWSTER, JAMES R ATTORNE  
547 N. MONROE STREET  
SUITE 203  
TALLAHASSEE, FL 32301 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: STEVERSON, ALEX M JR, DVM  
Address: 2598 MILLSTONE PLANTATION ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

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: ALEX M. STEVERSON, JR., DVM

MGRM

01/31/2011

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