

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000014921

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** OCEAN BREEZE VETERINARY MEDICAL CENTER, LLC

**Current Principal Place of Business:**

1553 NE JENSEN BEACH BLVD  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

1553 NE JENSEN BEACH BLVD  
JENSEN BEACH, FL 34957 1

**Current Mailing Address:**

2126 NW FORK ROAD  
STUART, FL 34994

**New Mailing Address:**

2126 NW FORK ROAD  
STUART, FL 34994 1

**FEI Number:** 26-4347673

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRAVES, RODNEY S  
2126 NW FORK ROAD  
STUART, FL 34994 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: GRAVES, RODNEY S  
Address: 2126 NW FORK ROAD  
City-St-Zip: STUART, FL 34994 1

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: RODNEY S GRAVES

MGRM

03/17/2011

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