

2011 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L09000019536

FILED
Apr 11, 2011
Secretary of State

Entity Name: ANCLOTE ANIMAL HOSPITAL, PLLC

Current Principal Place of Business:

1840 S. PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

1840 S. PINELLAS AVENUE
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 26-4345633

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COCHRAN, WESLEY L
1840 S. PINELLAS AVENUE
TARPON SPRINGS, FL 34689 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: WESLEY L. COCHRAN DVM

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: COCHRAN, WESLEY L
Address: 1840 S. PINELLAS AVENUE
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: WESLEY L. COCHRAN DVM

PRES

04/11/2011

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