

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000058848

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** PET EMERGENCY AND REFERRAL CENTER, LLC

**Current Principal Place of Business:**

3816 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33403 US

**New Principal Place of Business:**

**Current Mailing Address:**

3816 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33403 US

**New Mailing Address:**

**FEI Number:** 61-1601159      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

HANSON VETERINARY SURGERY ASSOCIATES, PLLC  
3816 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33403 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:** HANSON, STEVEN P DR  
**Address:** 2512 SW ESTELLA TERRACE  
**City-St-Zip:** PALM CITY, FL 34990 US

**Title:** MGRM  
**Name:** THOMAS, SEAN J DR  
**Address:** 808 SE PARKWAY DR  
**City-St-Zip:** STUART, FL 34996 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:** STEVEN P. HANSON

MGRM

04/24/2012

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