

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000112229

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** CENTERS FOR ANIMAL THERAPIES/C.A.T., LLC

**Current Principal Place of Business:**

1675 EE WILLIAMSON RD  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

2105 E. MINNESOTA AVE.  
DELAND, FL 32724 US

**Current Mailing Address:**

1702 IVERNESS COURT  
LONGWOOD, FL 32779 US

**New Mailing Address:**

2105 E. MINNESOTA AVE.  
DELAND, FL 32724 US

**FEI Number:** 27-1361231

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MALDONADO, JOANNA R MS.  
1702 IVERNESS COURT  
LONGWOOD, FL 32779 US

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

MALDONADO, JOANNA R MS.  
2105 E. MINNESOTA AVE.  
DELAND, FL 32724 US

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:

02/14/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MALDONADO, JO  
Address: 2105 E. MINNESOTA AVE.  
City-St-Zip: DELAND, FL 32724 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: JOANNA (JO) R. MALDONADO

MS.

02/14/2012

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