

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000054956

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** DEBRA HAGERMAN, DVM LLC

**Current Principal Place of Business:**

676 FLORIDA CENTRAL PARKWAY  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 5492  
HUDSON, FL 34674

**New Mailing Address:**

**FEI Number:** 61-1339500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LYONS, GARY W ESQ  
311 SOUTH MISSOURI AVENUE  
CLEARWATER, FL 33756 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: MGR  
Name: HAGERMAN-ROGERS, DEBRA DVM  
Address: P.O. BOX 5492  
City-St-Zip: HUDSON, FL 34674

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: DEBRA HAGERMAN-ROGERS DVM

MGR

04/13/2011

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