

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000057307

**FILED**  
**May 23, 2012**  
**Secretary of State**

**Entity Name:** CAPE VETERINARY PRACTICE, LLC

**Current Principal Place of Business:**

1031 NE PINE ISLAND ROAD  
CAPE CORAL, FL 33909 UN

**New Principal Place of Business:**

**Current Mailing Address:**

209 SW 10TH AVENUE  
CAPE CORAL, FL 33991

**New Mailing Address:**

1031 NE PINE ISLAND ROAD  
CAPE CORAL, FL 33909 UN

**FEI Number:** 27-2708910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HARWOOD, JAMES M SR.  
209 SW 10TH AVENUE  
CAPE CORAL, FL 33991 US

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

YOUNG, CYNTHIA M  
209 SW 10TH AVENUE  
CAPE CORAL, FL 33991 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: CYNTHIA M. YOUNG

05/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: YOUNG, CYNTHIA M  
Address: 209 SW 10TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33991 US

Title: MGR  
Name: HARWOOD, JAMES M SR.  
Address: 209 SW 10TH AVENUE  
City-St-Zip: CAPE CORAL, FL 33991

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: CYNTHIA M. YOUNG

MGR

05/23/2012

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