

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000071710

FILED
Mar 02, 2011
Secretary of State

Entity Name: FOUR PAWS VETERINARY CLINIC LLC

Current Principal Place of Business:

347 NORTH NEW RIVER DRIVE EAST, APT. 508
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

347 NORTH NEW RIVER DRIVE E
APT 508
FT. LAUDERDALE, FL 33301

Current Mailing Address:

347 NORTH NEW RIVER DRIVE EAST, APT. 508
FT. LAUDERDALE, FL 33301

New Mailing Address:

347 NORTH NEW RIVER DRIVE E
APT 508
FT. LAUDERDALE, FL 33301

FEI Number: 27-3051532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: DR
Name: EDELSON, GARY DVM
Address: 347 NORTH NEW RIVER DRIVE EAST APT. 508
City-St-Zip: FT. LAUDERDALE, FL 33301

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: GARY EDELSON, DVM

DR

03/02/2011

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