

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000080185

FILED
Jun 14, 2011
Secretary of State

Entity Name: PINE ISLAND ANIMAL CLINIC LLC

Current Principal Place of Business:

5100 DOUG TAYLOR CIRCLE NW
ST. JAMES CITY, FL 33956 US

New Principal Place of Business:

Current Mailing Address:

820 SW 2ND STREET
BOCA RATON, FL 33486 US

New Mailing Address:

3660 TROPICAL POINT DRIVE
SAINT JAMES CITY, FL 33956 US

FEI Number: 27-3175536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TECHEIRA, KENDRA J DVM
820 SW 2ND STREET
BOCA RATON, FL, FL 33486 US

Name and Address of New Registered Agent:

TECHEIRA, KENDRA J DVM
3660 TROPICAL POINT DRIVE
SAINT JAMES CITY, FL 33956 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: KENDRA TECHEIRA

06/14/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: TECHEIRA, KENDRA J DVM
Address: 3660 TROPICAL POINT DRIVE
City-St-Zip: SAINT JAMES CITY, FL 33956

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: KENDRA TECHEIRA

MGRM

06/14/2011

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