# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 17, 2012**
**Secretary of State**

DOCUMENT# L11000001426

**Entity Name:** BAY PINES VETERINARY HOSPITAL, LLC

**Current Principal Place of Business:**

3149 48TH AVENUE NORTH
ST PETERSBURG, FL 33714 US

**New Principal Place of Business:**

9629 BAY PINES BLVD
ST PETERSBURG, FL 33708 US

**Current Mailing Address:**

3149 48TH AVENUE NORTH
ST PETERSBURG, FL 33714 US

**New Mailing Address:**

9629 BAY PINES BLVD
ST PETERSBURG, FL 33708 US

**FEI Number: 27-4447580** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

PRASAD, RAM A
3149 48TH AVENUE NORTH
ST PETERSBURG, FL 33714 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: MGRM
Name: PRASAD, ANAND K
Address: 3149 48TH AVENUE NORTH
City-St-Zip: ST PETERSBUG, FL 33714 US

Title: MGRM
Name: PRASAD, AMIT K
Address: 3149 48TH AVENUE NORTH
City-St-Zip: ST PETERSBURG, FL 33714 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 Statues.

SIGNATURE: RAM A. PRASAD, D.V.M. MGRM 04/17/2012

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