2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# L11000009002

Entity Name: FULL CIRCLE ANIMAL HOSPITAL LLC

Current Principal Place of Business:

450077 STATE ROAD 200, #20
CALLAHAN, FL 32011

New Principal Place of Business:

Current Mailing Address:

450077 STATE ROAD 200, #20
CALLAHAN, FL 32011

New Mailing Address:

PO BOX1399
CALLAHAN, FL 32011

FEI Number: 27-4441899 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TIMOTHY P. KELLY, PA
1016 LASALLE STREET
JACKSONVILLE, FL 32207 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: PAYNE, SR., MICHAEL A
Address: 59 BERRY STREET
City-St-Zip: KINGSLAND, GA 31548

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: MICHAEL A PAYNE SR. MGR 01/05/2012

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