

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006057

FILED
Apr 12, 2005
Secretary of State

Entity Name: SPANISH TRAIL VETERINARY HOSPITAL, P.L.C.

Current Principal Place of Business:

6801 SPANISH TRAIL
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

6801 SPANISH TRAIL
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-3599299

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEUCHTMAN, GARY B
3 WEST GARDEN STREET, 7TH FLOOR
BLOUNT BUILDING
PENSACOLA, FL 32501 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/MEMBERS:

Title: MGRM () Delete
Name: LOVELL, ERIC
Address: 4281 CRAWFORD DRIVE
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM () Delete
Name: LOVELL, KIMBERLY
Address: 4281 CRAWFORD DRIVE
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: KIMBERLY LOVELL

MGRM

04/12/2005

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