

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006057

FILED
May 16, 2006
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 ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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 Chapter 119, 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

05/16/2006

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