

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000006057

**FILED**  
**Jan 09, 2010**  
**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/MANAGERS:**

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

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

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:** KIMBERLY LOVELL

MGRM

01/09/2010

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