

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000765

FILED
May 14, 2004
Secretary of State

Entity Name: MEI PET SERVICES, LLC

Current Principal Place of Business:

2825 UNIVERSITY DRIVE, STE 240
CORAL SPRINGS, FL 33065

New Principal Place of Business:

11772 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

Current Mailing Address:

2825 UNIVERSITY DRIVE, STE 240
CORAL SPRINGS, FL 33065

New Mailing Address:

11772 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065

FEI Number: 65-0980444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALTZER, GORDON
2825 UNIVERSITY DR., STE 240
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

BALTZER, GORDON
11772 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065 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: GORDON BALTZER

05/14/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: P () Delete
Name: CARRON, DAVID
Address: 116 STONEY CREEK CT.
City-St-Zip: PEWEE VALLEY, KY

Title: MGR () Delete
Name: BALITZER, GORDON
Address: 10713 NW 51 ST.
City-St-Zip: CORAL SPRINGS, FL

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CARRON, DAVID
Address: 116 STONEY CREEK CT.
City-St-Zip: PEWEE VALLEY, KY

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: DAVID CARRON

MGR

05/14/2004

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