

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003613

FILED
May 01, 2007
Secretary of State

Entity Name: AHA LEASING, LLC

Current Principal Place of Business:

4152 INDEPENDENCE CT., SUITE C6
SARASOTA, FL 34234

New Principal Place of Business:

4152 INDEPENDENCE CT., SUITE C6
SARASOTA, FL 34234 US

Current Mailing Address:

4152 INDEPENDENCE CT., SUITE C6
SARASOTA, FL 34234

New Mailing Address:

4152 INDEPENDENCE CT., SUITE C6
SARASOTA, FL 34234 US

FEI Number: 20-0285722 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:

MEINERS, LOUIS M JR
200 AVIATION DRIVE, SUITE 2
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

MEINERS, LOUIS M JR
3073 HORSESHOE DRIVE SOUTH
SUITE 210
NAPLES, FL 34104 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: LOUIS M. MEINERS, JR.

05/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JOHNSON, GEORGE W JR
Address: 4152 INDEPENDENCE CT., SUITE C6
City-St-Zip: SARASOTA, FL 34234

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ANIMAL HEALTH ASSOCI, ATE, INC.
Address: 4152 INDEPENDENCE CT., SUITE C6
City-St-Zip: SARASOTA, FL 34234 US

I hereby certify that the information supplied with this filing does not qualify 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: GEORGE W. JOHNSON, JR.

MGRM

05/01/2007

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