

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006731

Entity Name: PETFIRST HEALTHCARE LLC

FILED  
Feb 02, 2009  
Secretary of State

**Current Principal Place of Business:**

ONE QUARTERMASTER CT.  
JEFFERSONVILLE, IN 47130

**New Principal Place of Business:**

**Current Mailing Address:**

ONE QUARTERMASTER CT.  
JEFFERSONVILLE, IN 47130

**New Mailing Address:**

FEI Number: 20-1360022

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 ( ) Delete  
Name: HINTON, BRENT  
Address: ONE QUARTERMASTER CT.  
City-St-Zip: JEFFERSONVILLE, IN 47130

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HINTON, A BRENT  
Address: ONE QUARTERMASTER CT.  
City-St-Zip: JEFFERSONVILLE, IN 47130

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: A BRENT HINTON

MGRM

02/02/2009

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