## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # M99000000900

1. Entity Name
VETCOR OF BARDMOOR LLC



**FILED** Apr 18, 2008 8:00 am Secretary of State 04-18-2008 90157 011 \*\*\*138.75

			Si							
Principal Place of Business AVIAN & ANIMAL HOSPITAL OF BARDMOOR 11405 STARKEY AVE LARGO, FL 33773		Mailing Address C/O THE VETCOR GROUP 350 LINCOLN PLACE HINGHAM, MA 02043				ភពជាខ្មុ				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01022008	Chg-LLC	CR2E083 (12	2/06)			
City & State		City & State		4. FEI Numbe	lumber Applied For 1592604 Not Applicable					
Žip	Country	Zip	Country			of Status Desired	Fee R	O Addit equired	ional	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	legistered Agent			
C T CORPORATION SYSTEM			Name							
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		- 51	Street Address (P.O. Box Number is Not Acceptable)							
,			Ci	ity			FL Zi	p Code	<del></del>	
	named entity submits this statement for ions of registered agent.	r the purpose of changing its	registered of	ffice or register	ed agent, or bo	h, in the State of Flo	orida. I am familia	r with, a	nd accept	
SIGNATURE										
	Signature, typed or printed name of registered agent a	эла пяе и аррисавие. (NO1E	:; negistered Age	nt signature required	when reinstating)		DATE			
	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75	;					e check payabl a Department o			
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VETCOR PROFESSIONAL PRAG 350 LINCOLN PLACE HINGHAM, MA 02043	☐ Delete CTICES LLC	TITLE NAME STREET AD CITY-ST-Z	l			<u> </u>	hange	Addition	
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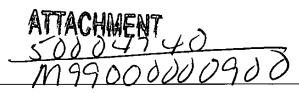
I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under 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.

By: Poker R. Derko, Eng., S., Yi've Previous Course.

SIGNATURE:

SIGNATURE and TYPED OR PRINTED NAME OF AGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE





VetCor Professional Practices LLC 350 Lincoln Place, Suite 110 Hingham, MA 02043

mesti.

P: 781.749.8151 F: 781.740.2109

April 14, 2008

Department of State, LLC Section Division of Corporations, Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: 2007 Uniform Business Report:

VetCor of Bardmoor LLC; FEIN: 06-1592604

Dear Sir or Madam:

With regard to the above-referenced limited liability company, enclosed for filing please find the 2008 Uniform Business Report, accompanied by our check (# 62212) in the amount of \$50.00 in payment of the filing fee.

Please acknowledge receipt of this filing by date-stamping the enclosed photocopy of same and returning it to the undersigned in the enclosed postage-prepaid envelope.

Thank you for your assistance.

Very truly yours

Wendy S. Koelsch Corporate Counsel

WSK/krk

Encls.

cc: Peter R. DeFeo, Esq.,

Senior Vice President and General Counsel

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