


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90157 011 ***138.75

DOCUMENT # M99000000900	
1. Entity Name VETCOR OF BARDMOOR LLC	

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
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00004120



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01022008 Chg-LLC CR2E083 (12/06)

City & State	City & State	4. FEI Number 06-1592604	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VETCOR PROFESSIONAL PRACTICES LLC 350 LINCOLN PLACE HINGHAM, MA 02043 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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: *Peter R. DeRco, Esq., Sr. Vice President + General Counsel*
SIGNATURE: _____

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/14/08 781-749-8151

 Date Daytime Phone #



ATTACHMENT

50004740

1799000000900

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

P: 781.749.8151
F: 781.740.2109
W: vetcor.com

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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