

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000014462

**Entity Name:** WILLOWDALE VETERINARY CENTER, LLC

**Current Principal Place of Business:**

4485 HIGHWAY 17  
ORANGE PARK, FL 32003

**Current Mailing Address:**

4485 HIGHWAY 17  
ORANGE PARK, FL 32003

**FEI Number:** 59-3740054

**Certificate of Status Desired:** No

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

OTTE, JEAN EDVM  
4485 HIGHWAY 17  
ORANGE PARK, FL 32003 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title P  
Name OTTE, JEAN E  
Address 4485 HWY 17  
City-State-Zip: ORANGE PARK FL 32003

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JEAN E OTTE

**MANAGING MEMBER**

**01/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date