

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064540

Entity Name: TRI-COUNTY ANIMAL HOSPITAL, LLC

Current Principal Place of Business:

1811 OKEECHOBEE ROAD
FT. PIERCE, FL 34950

Current Mailing Address:

1811 OKEECHOBEE ROAD
FT. PIERCE, FL 34950 US

FEI Number: 20-1541841

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JUILLERAT, DANA KDR
1811 OKEECHOBEE RD.
FT. PIERCE, FL 34950 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 MGRM
Name JUILLERAT, DANA K
Address 9528 SHADOW LANE
City-State-Zip: FT. PIERCE FL 34951

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DANA K JUILLERAT

REGISTERED AGENT

03/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date