

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000064540

**Entity Name:** TRI-COUNTY ANIMAL HOSPITAL, LLC

**Current Principal Place of Business:**

9528 SHADOW LANE  
FT. PIERCE, FL 34951

**Current Mailing Address:**

9528 SHADOW LANE  
FT. PIERCE, FL 34951 US

**FEI Number:** 20-1541841

**Certificate of Status Desired:** No

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

JUILLERAT, DANA KDR  
9528 SHADOW LANE  
FT. PIERCE, FL 34951 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 JUILLERAT

MGMR

01/08/2017

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

\_\_\_\_\_ Date