

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042498

Entity Name: OCALA SQUARE ANIMAL HOSPITAL, LLC

Current Principal Place of Business:

3631 NE 8TH PLACE
OCALA, FL 34470

Current Mailing Address:

1811 OKEECHOBEE RD.
FORT PIERCE, FL 34950

FEI Number: 20-3926697

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JUILLERAT, DANA KDR.
9528 SHADOW LANE
FORT 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 OWNE
Name JUILLERAT, DANA KDR.
Address 9528 SHADOW LANE
City-State-Zip: FORT 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

PRINCIPLE

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date