2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2020
Secretary of State
6899484038CC

DOCUMENT# L06000043588

Entity Name: THE ANIMAL PORT ORANGE, LLC

Current Principal Place of Business:

4540 CLYDE MORRIS BLVD.
PORT ORANGE, FL 32129

Current Mailing Address:

4540 CLYDE MORRIS BLVD.
PORT ORANGE, FL 32129 US

FEI Number: 06-1777349

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

EMERSON, ALICIA S
4540 CLYDE MORRIS BLVD
PORT ORANGE, FL 32129 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: ALICIA EMERSON 01/22/2020

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	MALENSEK, KATHERINE A	Name	EMERSON, ALICIA S
Address	4540 CLYDE MORRIS BLVD.	Address	4540 CLYDE MORRIS BLVD
City-State-Zip:	PORT ORANGE FL 32129	City-State-Zip:	PORT ORANGE FL 32129

Title	AMBR
Name	MALENSEK, NATE
Address	4540 CLYDE MORRIS BLVD.
City-State-Zip:	PORT ORANGE FL 32129

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: NATE MALENSEK HOSPITAL ADMINISTRATOR 01/22/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date