

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000047532

**Entity Name:** DR. NINAS ANIMAL HOSPITAL, LLC.

**Current Principal Place of Business:**

2959 FRUITVILLE ROAD  
SARASOTA, FL 34237

**Current Mailing Address:**

2959 FRUITVILLE ROAD  
SARASOTA, FL 34237 US

**FEI Number:** 20-4856119

**Certificate of Status Desired:** No

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

MIKE, KRAJEWSKI  
2959 FRUITVILLE ROAD  
SARASOTA, FL 34237 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	Title	MGRM
Name	KRAJEWSKI, JANINA L	Name	KRAJEWSKI, MIKE M
Address	2959 FRUITVILLE RD	Address	2959 FRUITVILLE RD
City-State-Zip:	SARASOTA FL 34237	City-State-Zip:	SARASOTA FL 34237

*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:** MIKE KRAJEWSKI

MGR

04/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date