

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000067885

Entity Name: FRIENDSHIP VETERINARY HOSPITAL, LLC

Current Principal Place of Business:

623 BEAL PARKWAY NW
FORT WALTON BEACH, FL 32548

Current Mailing Address:

623 BEAL PARKWAY NW
FORT WALTON BEACH, FL 32548

FEI Number: 27-3018357

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RICHARD H. POWELL & ASSOCIATES, P.A.
92 EGLIN PKWY NE
FORT WALTON BEACH, FL 32549 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 MGR
Name ZORN, CARTER DVM
Address 623 BEAL PARKWAY NW
City-State-Zip: FORT WALTON BEACH FL 32548

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: G. CARTER ZORN

MANAGER

03/03/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date