

**2016 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:**

ZORN, GRAYSON C  
623 BEAL PARKWAY NW  
FORT WALTON BEACH, FL 32548 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:** GRAYSON CARTER ZORN

02/19/2016

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

02/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date