

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000111165

Entity Name: ANIMAL HEALTH CENTER OF HIGH SPRINGS, PLC

Current Principal Place of Business:

415 NE SANTA FE BLVD.
HIGH SPRINGS, FL 32643

Current Mailing Address:

415 NE SANTA FE BLVD.
HIGH SPRINGS, FL 32643 US

FEI Number: 45-3635526

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DILBONE, ROBERT PDR.
415 NE SANTA FE BLVD.
HIGH SPRINGS, FL 32643 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
Name DILBONE, ROBERT PDR.
Address 415 NE SANTA FE BLVD.
City-State-Zip: HIGH SPRINGS FL 32643

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: ROBERT P. DILBONE

DVM

02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date