

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000027047

Entity Name: ANIMAL EMERGENCY HOSPITAL VOLUSIA LLC

Current Principal Place of Business:

696 S. YOUNGE STREET
ORMOND BEACH, FL 32174

Current Mailing Address:

696 S. YOUNGE STREET
ORMOND BEACH, FL 32174 US

FEI Number: 27-4570956

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FL 33411 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 MARCHAND, TANIA MD
Address 696 S. YOUNGE STREET
City-State-Zip: ORMOND BEACH FL 32174

Title MGRM
Name JOHNSON, DIANE DVM
Address 696 S. YOUNGE STREET
City-State-Zip: ORMOND BEACH FL 32174

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: TANIA MARCHAND MD

MGR

04/17/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date