

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000058353

Entity Name: KEYSTONE HEIGHTS ANIMAL HOSPITAL, PL

Current Principal Place of Business:

7344 STATE ROAD 100
KEYSTONE HEIGHTS, FL 32656

Current Mailing Address:

PO BOX 309
KEYSTONE HEIGHTS , FL 32656 US

FEI Number: 46-2778646

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLACKBURN, JENNIFER DVM
6062 CR 219
MELROSE, FL 32666 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 BLACKBURN, JENNIFER DVM
Address 6062 CR 219
City-State-Zip: MELROSE FL 32666

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: JENNIFER BLACKBURN

DVM

01/12/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date