

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000020559

**Entity Name:** EQUINE SPORTS MEDICINE GROUP, LLC

**Current Principal Place of Business:**

14366 BELMONT TRACE  
WELLINGTON, FL 33414

**Current Mailing Address:**

14366 BELMONT TRACE  
WELLINGTON, FL 33414 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROBERT P BOSWELL DVM PA  
14366 BELMONT TRACE  
WELLINGTON, FL 33414 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:** ROBERT BOSWELL

04/04/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ROBERT P BOSWELL DVM PA  
Address 14366 BELMONT TRACE  
City-State-Zip: WELLINGTON FL 33414

*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 BOSWELL

MEMBER

04/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date