

2016 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:

BOSWELL, LISA M ESQ.
12230 FOREST HILL BLVD.
110-D1
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

Title MGRM
Name WEXLER, LAWRENCE DVM
Address 10887 NW 28TH PLACE
City-State-Zip: OCALA FL 34482

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 BOSWELL

MGR MEMBER

03/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date