

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000033748

**Entity Name:** PET MEDICAL CENTER OF BOCA RATON LLC

**Current Principal Place of Business:**

8903 GLADES ROAD, STE L2/3  
BOCA RATON, FL 33434

**Current Mailing Address:**

8903 GLADES ROAD, STE L2/3  
BOCA RATON, FL 33434 US

**FEI Number:** 81-1513849

**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:** TINA MAKI, DP

03/16/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name NOVAK, WILLIAM DVM  
Address 16814 SE 38TH CIRCLE  
City-State-Zip: VANCOUVER WA 98683

Title AMBR  
Name HUGHES, TIM DVM  
Address 8903 GLADES ROAD, STE L2/3  
City-State-Zip: BOCA RATON FL 33434

*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:** WILLIAM NOVAK DVM

AMBR

03/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date