

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000033748

Entity Name: PET MEDICAL CENTER OF BOCA RATON LLC

Current Principal Place of Business:

7901 4 ST N STE 300
ST PETERSBURG, FL 33702

Current Mailing Address:

7901 4 ST N STE 300
ST PETERSBURG, FL 33702

FEI Number: 81-1513849

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
7901 4 ST N STE 300
ST PETERSBURG, FL 33702 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 AMBR
Name NOVAK, WILLIAM J DVM
Address 30600 172ND STREET
City-State-Zip: LEAVENWORTH KS 66048

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 J NOVAK

OWNER

03/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date