

2017 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:

SUPERBIZ REGISTERED AGENT, INC.
2761 VISTA PARKWAY, STE E4
WEST 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: _____

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

MANAGING PARTNER

04/07/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date