

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000059701

**Entity Name:** AMATHEON ANIMAL HEALTH, LLC

**Current Principal Place of Business:**

4300 SW 73RD AVE  
110  
MIAMI, FL 33155

**Current Mailing Address:**

80 SW 8TH SREET  
STE 2660  
MIAMI, FL 33130 US

**FEI Number:** 61-1578582

**Certificate of Status Desired:** No

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

CLAVIJO, JAMES  
TRI-SOURCE PHARMA, LLC  
80 SW 8TH STREET, STE 2660  
MIAMI, FL 33130 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            TRI-SOURCE PHARMA, LLC  
Address        80 SW 8TH SREET  
                  STE 2660  
City-State-Zip: MIAMI FL 33130

*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:** THOMAS M. HUNTER

GENERAL COUNSEL,  
CCO

04/05/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date