MGR

SIGNATURE: LYNNLY VAN MILLER Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L16000106560

Entity Name: ANIMAL MEDICAL HOSPITAL OF STUART, LLC

2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

Current Principal Place of Business:

825 NW DIXIE HIGHWAY SUART, FL 34994

Current Mailing Address:

825 NW DIXIE HIGHWAY SUART. FL 34994

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

BRECHBILL, MARK 215 SW FEDERAL HWY SUITE 200 STUART, FL 34994 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: MARK BRECHBILL

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGR MILLER, LYNNLY V Name Address 825 NW DIXIE HIGHWAY City-State-Zip: SUART FL 34994

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.

Certificate of Status Desired: No

FILED Dec 16, 2020 Secretary of State 6001632165CR

Date

12/16/2020

12/16/2020 Date