

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000090931

**Entity Name:** VITALITY VETERINARY SERVICES WATERFORD LAKES LLC

**Current Principal Place of Business:**

356 BOSTON POST ROAD  
ORANGE, CT 06477

**Current Mailing Address:**

4360 NORTHLAKE BLVD  
PALM BEACH GARDENS, FL 33410 US

**FEI Number: 82-5127002**

**Certificate of Status Desired: No**

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

PORT CHARLOTTE VETERINARY SPECIALTY LLC  
17829 MURDOCK CIRLCE SUITE 1  
PORT CHARLOTTE, FL 33948 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	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	VITALITY VETERINARY SERVICES FLORIDA LLC	Name	HALL, JAMIE
Address	356 BOSTON POST ROAD	Address	4360 NORTHLAKE BOULEVARD, SUITE 214
City-State-Zip:	ORANGE CT 06477	City-State-Zip:	PALM BEACH GARDENS FL 33410

*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: JAMEI HALL**

**SENIOR LEGAL,  
COMPLIANCE &  
REGULATORY MANAGER**

**01/29/2024**

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

\_\_\_\_\_  
Date