

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000381091

**Entity Name:** PARK ANIMAL HOSPITAL,LLC

**Current Principal Place of Business:**

8065 66TH STREET N  
PINELLAS PARK, FL 33781

**Current Mailing Address:**

8065 66TH STREET NORTH  
PINELLAS PARK, FL 33781 US

**FEI Number:** 86-3160722

**Certificate of Status Desired:** No

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

SCARPINO, JAMIE L  
3864 10TH STREET NE  
ST. PETERSBURG, FL 33703 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 MBR  
Name SCARPINO, JAMIE L  
Address 3864 10TH STREET NE  
City-State-Zip: ST. PETERSBURG FL 33703

*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:** JAMIE LORIN SCARPINO

**OWNER**

**01/26/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date