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Division of Corporations

Fax Humber : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023
Phone: (614)280-3338 Phone Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## Foreign Limited Liability Company VETCOR OF FLORIDA LLC



Certificate of Status	0
Certified Copy	1
Page Count	04
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Help

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLANCE WITH SECTION 605.0002 FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTERA FOREIGN TAMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: L VETCOR OF FLORIDA LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC") Hf name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") DELAWARE (I'El number, il applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Llorida, if prior to registration.) (See sections t05,0904 & 605,0905; F.S. to determine penalty liability) VETCOR/LEGAL DEPT VETCOR/LEGAL DEPT (Mailing Address) (Street Address of Principal Office) 141 LONGWATER DRIVE - STE 108 141 LONGWATER DRIVE - STE 108 NORWELL, MA 02061-1660 NORWELL, MA 02061-1660 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation , Florida (Cip)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: (Registered agent's signature)

8. For initial indexing purposes, list names, ti	tle or capacity and addresses of the primary member	s/managers or persons authorized to
manage [up to six (6) total]:		

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
□Manager	Name: VetCor Professional Practices LL	∏Manager	Name: PETER R. DEFEO
■ Member	Address: VETCOR	□Member	Address: VETCOR
	141 LONGWATER DRIVE - STE 108	<b></b> Authorized	141 LONGWATER DRIVE - STE 108
□ Authorized Person	NORWELL, MA 02061-1660	Person	NORWELL, MA 02061-1660
Other	Other	□Other	Other
∐Manager	Name:	∐Manager	Name:
□Member	Address:	□ Member	Address:
□Authorized		Authorized	
Person		Person	
□Other	□Other	□Other	☐Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		_Authorized	
Person		Person	6.
Other	Other	Other	Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. This document is executed in accordance with section 605 0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

time	
Signature of an authorized person	
PETER R. DEFEO	
Typed or printed name of signes	

Page: 5 of 5



Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

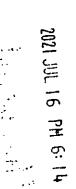
DELAWARE, DO HEREBY CERTIFY "VETCOR OF FLORIDA LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE SIXTEENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.





Authentication: 203695353

Date: 07-16-21

6091256 8300 SR# 20212727818