

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037232

Entity Name: BISCAYNE ANIMAL HOSPITAL, LLC

Current Principal Place of Business:

1665 N.E 123RD STREET
NORTH MIAMI, FL 33181

Current Mailing Address:

1665 N.E 123RD STREET
NORTH MIAMI, FL 33181

FEI Number: 73-1680632

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOLDSTEIN, SPENCER DVM
1665 N.E 123RD STREET
NORTH MIAMI, FL 33181 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 MGRM
Name SPENCER, GOLDSTEIN DVM
Address 1665 NE 135TH ST
City-State-Zip: NORTH MIAMI FL 33181

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: SPENCER GOLDSTEIN

MGRM

03/19/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date