

**2016 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

MGMR

04/06/2016

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

\_\_\_\_\_ Date