

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000059829

**Entity Name:** HANSON VETERINARY SURGERY ASSOCIATES, PLLC

**Current Principal Place of Business:**

3579 NORTHLAKE BLVD.  
PALM BEACH GARDENS, FL 33403

**Current Mailing Address:**

2104 NE ROSE WALK TERR.  
STUART, FL 34996 US

**FEI Number:** 26-0320463

**Certificate of Status Desired:** Yes

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

HANSON, STEVEN PDVM  
2104 NE ROSE WALK TERR.  
STUART, FL 34996 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            HANSON, STEVEN PDVM  
Address        2104 NE ROSE WALK TERR.  
City-State-Zip: STUART FL 34996

*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:** STEVEN P HANSON DVM

MGRM

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date