	Electronic Signature of Registered Agent
Authorized Person(s) Detail :	
Title	MGRM
Name	HANSON, DVM, STEVEN PAUL
Address	2104 NE ROSE WALK TERR.
City-State-Zip:	STUART FL 34996

## **Current Mailing Address:**

3579 NORTHLAKE BLVD.

2104 NE ROSE WALK TERR. STUART, FL 34996 US

PALM BEACH GARDENS. FL 33403

DOCUMENT# L07000059829

**Current Principal Place of Business:** 

## FEI Number: 26-0320463

## Name and Address of Current Registered Agent:

HANSON, DVM, STEVEN PAUL 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: STEVEN P HANSON, DVM

Entity Name: HANSON VETERINARY SURGERY ASSOCIATES, PLLC

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

Electronic Signature of Signing Authorized Person(s) Detail

MGRM

05/02/2017

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT FILED May 02, 2017

Certificate of Status Desired: Yes

Secretary of State

CC5202596341

05/02/2017

Date