

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000012125

Entity Name: OBT-ORANGE AVE PET DOC HOSPITAL LLC

Current Principal Place of Business:

737 W. OAK RIDGE RD
ORLANDO, FL 32809

Current Mailing Address:

206 TRANQUILITY COVE
ALTAMONTE SPRINGS, FL 32701

FEI Number: 26-4267332

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADKINS, LARRY G
206 TRANQUILITY COVE
ALTAMONTE SPRINGS, FL 32701 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 ADKINS, LARRY G
Address 206 TRANQUILITY COVE
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MGRM
Name ADKINS, NATALIYA
Address 206 TRANQUILITY COVE
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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: LARRY ADKINS

MGRM

04/27/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date