

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000122276

Entity Name: VETERINARY EMERGENCY CLINIC OF CENTRAL FLORIDA, LLC

FILED
Mar 09, 2023
Secretary of State
7540237545CC

Current Principal Place of Business:

16369 W COLONIAL DR
OAKLAND, FL 34787

Current Mailing Address:

PO BOX 1008
OAKLAND, FL 34760 US

FEI Number: 27-1650077

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REYNOLDS, PATRICIA
16369 W COLONIAL DR
OAKLAND, FL 34787 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: PATRICIA REYNOLDS

03/09/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name JONES, MARTHA DR.
Address 16369 W COLONIAL DR
City-State-Zip: OAKLAND FL 34787

Title MANAGER
Name BEARDEN, LLOYD DR.
Address 16369 W COLONIAL DR
City-State-Zip: OAKLAND FL 34787

Title MANAGER
Name WILLIAMS, DOUGLAS PAUL DR.
Address 16369 W COLONIAL DR
City-State-Zip: OAKLAND FL 34787

Title MANAGER
Name HICKS, ROBERT DR.
Address 16369 W COLONIAL DR
City-State-Zip: OAKLAND FL 34787

Title MANAGER
Name BOGAN, JAMES DR.
Address 16369 W COLONIAL DR
City-State-Zip: OAKLAND FL 34787

Title MANAGER
Name MARTIN, JAMES DR.
Address 16369 W COLONIAL DR
City-State-Zip: OAKLAND FL 34787

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: JAMES MARTIN

MANAGER

03/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date