

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000122276

**FILED**  
**Mar 02, 2021**  
**Secretary of State**  
**7322890410CC**

**Entity Name:** VETERINARY EMERGENCY CLINIC OF CENTRAL FLORIDA, LLC

**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

03/02/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	MANAGER
Name	WILLIAMS, DOUGLAS PAUL DR.	Name	GOODSON, TERESA DR.
Address	16369 W COLONIAL DR	Address	16369 W COLONIAL DR
City-State-Zip:	OAKLAND FL 34787	City-State-Zip:	OAKLAND FL 34787
Title	MANAGER	Title	MANAGER
Name	MCABEE, SCOTT DR.	Name	HICKS, ROBERT DR.
Address	16369 W COLONIAL DR	Address	16369 W COLONIAL DR
City-State-Zip:	OAKLAND FL 34787	City-State-Zip:	OAKLAND FL 34787
Title	MANAGER	Title	MANAGER
Name	BOGAN, JAMES DR.	Name	MARTIN, JAMES DR.
Address	16369 W COLONIAL DR	Address	16369 W COLONIAL DR
City-State-Zip:	OAKLAND FL 34787	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

03/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date