

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000145676

**Entity Name:** DAVIS ANIMAL HOSPITAL, LLC

**Current Principal Place of Business:**

8560 N. DAVIS HWY  
PENSACOLA, FL 32514

**Current Mailing Address:**

8560 N. DAVIS HWY  
PENSACOLA, FL 32514 US

**FEI Number:** 45-4151093

**Certificate of Status Desired:** No

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

BALL, APRIL P  
8560 N. DAVIS HWY  
PENSACOLA, FL 32514 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 BALL, APRIL P  
Address 8560 N. DAVIS HWY  
City-State-Zip: PENSACOLA FL 32514

*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:** APRIL BALL

MRS.

02/02/2021

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date