

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000092734

**FILED**  
**Feb 07, 2019**  
**Secretary of State**  
**9242874088CC**

**Entity Name:** VETERINARY ANESTHESIA AND ANALGESIA SPECIALISTS,  
PLLC

**Current Principal Place of Business:**

10290 WEST ATLANTIC AVE  
480673  
DELRAY BEACH, FL 33448

**Current Mailing Address:**

10290 WEST ATLANTIC AVE  
480673  
DELRAY BEACH, FL 33448 US

**FEI Number: 46-3091302**

**Certificate of Status Desired: No**

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

RUFFATO, MARCO  
10039 HARBOURTOWN CT  
BOCA RATON, FL 33498 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 MGR  
Name RUFFATO, MARCO  
Address 10039 HARBOURTOWN CT  
City-State-Zip: BOCA RATON FL 33498

*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: MARCO RUFFATO**

**MGR**

**02/07/2019**

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

\_\_\_\_\_  
Date