### 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

Electronic Signature of Signing Authorized Person(s) Detail

| Title           | MGR                        |
|-----------------|----------------------------|
| Name            | RUFFATO, MARCO             |
| Address         | 9600 CAROUSEL CIRCLE NORTH |
| City-State-Zip: | BOCA RATON FL 33434        |

# Electronic Signature of Registered Agent

Authorized Person(s) Detail :

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:

#### 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L13000092734

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:**

9600 CAROUSEL CIRCLE NORTH BOCA RATON, FL 33434 US

# FEI Number: 46-3091302

# Name and Address of Current Registered Agent:

RUFFATO, MARCO 9600 CAROUSEL CIRCLE NORTH BOCA RATON, FL 33434 US

MANAGER

02/08/2022

Date

Certificate of Status Desired: No

Date