

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000092734

FILED
Feb 04, 2016
Secretary of State
CC0448071839

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

02/04/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date