

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000059884

**Entity Name:** ANIMAL MEDICAL CLINIC INDIALANTIC, PLLC**Current Principal Place of Business:**407 4TH AVENUE  
INDIALANTIC, FL 32903**Current Mailing Address:**4020 S BABCOCK ST.  
MELBOURNE, FL 32901 US**FEI Number:** 47-3641691**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDERSON, J. PATRICK  
2200 FRONT ST.  
SUITE 301  
MELBOURNE, FL 32901 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 MBR  
Name ANIMAL MEDICAL CLINIC (GODWIN  
AND JOINER), P.A.  
Address 4020 S BABCOCK ST.  
City-State-Zip: MELBOURNE FL 32901

Title PRESIDENT  
Name GODWIN, DVM, JEFFREY S.  
Address 4020 S BABCOCK ST.  
City-State-Zip: MELBOURNE FL 32901

Title VP  
Name JOINER, DVM, STEPHEN M.  
Address 4020 S BABCOCK ST.  
City-State-Zip: MELBOURNE FL 32901

Title SECRETARY  
Name THOMSON, DVM, MICHAEL J.  
Address 4020 S BABCOCK ST.  
City-State-Zip: MELBOURNE FL 32901

Title TREASURER  
Name YOUNG, DVM, ROBERT E.  
Address 4020 S BABCOCK ST.  
City-State-Zip: MELBOURNE FL 32901

*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:** JEFFREY GODWIN

PD

04/13/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date