

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000209154

Entity Name: ANIMAL MEDICAL CLINIC MELBOURNE BEACH, PLLC**Current Principal Place of Business:**409 OCEAN AVENUE
MELBOURNE BEACH, FL 32951**Current Mailing Address:**4020 S. BABCOCK STREET
MELBOURNE, FL 32901 US**FEI Number:** 81-4471537**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ANDERSON, J. PATRICK
2200 FRONT STREET
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 MBM
Name ANIMAL MEDICAL CLINIC (GODWIN & JOINER),PA
Address 4020 S. BABCOCK STREET
City-State-Zip: MELBOURNE FL 32901

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

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

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

Title TREASURER
Name YOUNG, ROBERT E
Address 4020 S. BABCOCK STREET
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 S. GODWIN DVM

PRESIDENT

04/13/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date