

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000149401

Entity Name: WEST PARK ANIMAL HOSPITAL LLC

Current Principal Place of Business:

11659 COUNTRYWAY BLVD.
TAMPA, FL 33626

Current Mailing Address:

11659 COUNTRYWAY BLVD.
TAMPA, FL 33626 US

FEI Number: 82-2263453

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLALOCK WALTERS, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205 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 CHURCHILL, DANIELLE DVM
Address 11659 COUNTRYWAY BLVD.
City-State-Zip: TAMPA FL 33626

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: DANIELLE CHURCHILL, DVM

MGR

02/15/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date