

**2021 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

02/22/2021

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date