

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000120862

**Entity Name:** FAMILY MOBILE VETERINARY CLINIC, LLC

**Current Principal Place of Business:**

716 SOUTH FRANKLIN PLACE  
LAKELAND, FL 33815

**Current Mailing Address:**

716 SOUTH FRANKLIN PLACE  
LAKELAND, FL 33815 US

**FEI Number:** 83-0693687

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REED MAWHINNEY & LINK, PLLC  
1611 HARDEN BLVD.  
LAKELAND, FL 33803 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 ORASKY, VANESSA T  
Address 716 SOUTH FRANKLIN PLACE  
City-State-Zip: LAKELAND FL 33815

*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:** VANESSA T. ORASKY

**MANAGER**

**03/08/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date