



## Inspection Report

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Manuel Rodriguez  
819 47th Ave N  
Saint Petersburg, FL 33703

Customer ID: **500666**  
Certificate: **58-B-0639**  
Site: 001  
MANUEL RODRIGUEZ

Type: ROUTINE INSPECTION  
Date: 06-JUN-2017

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### 2.8

#### NOTIFICATION OF CHANGE OF NAME, ADDRESS, CONTROL, OR OWNERSHIP OF BUSINESS.

The licensee moved from the previous address and has not notify his new address to the AC office.

A licensee shall promptly notify the AC Regional Director by certified mail of any change in the address, or of any additional sites, within 10 days of any change.

To be corrected by 6-16-2017

This inspection and exit interview were conducted with the licensee.

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Prepared By: NAVARRO LUIS, D V M USDA, APHIS, Animal Care

Date:  
06-JUN-2017

Title: VETERINARY MEDICAL OFFICER 6025

Received by Title: LICENSEE

Date:  
06-JUN-2017



## Species Inspected

Cust No	Cert No	Site	Site Name	Inspection
500666	58-B-0639	001	MANUEL RODRIGUEZ	06-JUN-17

Count	Scientific Name	Common Name
000007	<i>Canis lupus familiaris</i>	DOG ADULT
<b>000007</b>	<b>Total</b>	