

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 600785

**FILED**  
**Feb 10, 2016**  
**Secretary of State**  
**CC0992367834**

**Entity Name:** MCABEE VETERINARY HOSPITAL P A

**Current Principal Place of Business:**

4586 PALMETTO AVE  
WINTER PARK, FL 32792

**Current Mailing Address:**

4586 PALMETTO AVE  
WINTER PARK, FL 32792

**FEI Number:** 59-1227427

**Certificate of Status Desired:** No

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

MCABEE, JEFFREY Y  
4235 S. JODPHOR  
OVEIDO, FL 32765 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

**Officer/Director Detail :**

Title S  
Name MCABEE, JEFFREY Y  
Address 4235 S. JODPHOR  
City-State-Zip: OVEIDO FL 32765

Title V  
Name MCABEE, TERRI G.  
Address 5717 ROCKING HORSE RD.  
City-State-Zip: ORLANDO FL

Title P  
Name MCABEE, SCOTT W.  
Address 5717 ROCKING HORSE RD.  
City-State-Zip: ORLANDO FL

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SCOTT W MCABEE

**PRESIDENT**

**02/10/2016**

Electronic Signature of Signing Officer/Director Detail

Date