

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 678503

**Entity Name:** RUSKIN ANINAL HOSPITAL, P.A.

**Current Principal Place of Business:**

715 SOUTH TAMIAMI TRAIL  
C/O HAROLD E. OTT  
RUSKIN, FL 33570

**Current Mailing Address:**

715 SOUTH TAMIAMI TRAIL  
C/O HAROLD E. OTT  
RUSKIN, FL 33570

**FEI Number:** 59-2015338

**Certificate of Status Desired:** No

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

OTT, HAROLD E.  
715 SOUTH TAMIAMI TRAIL  
RUSKIN, FL 33670 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 PD  
Name OTT, HAROLD E.  
Address 715 S. TAMIAMI TRAIL  
City-State-Zip: RUSKIN 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:** HAROLD E OTT

**PRES/DIRECTOR**

**01/15/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date