

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07260

Entity Name: ANIMAL HOSPITAL OF TAMPA, INC.

Current Principal Place of Business:

C/O KERMIT R HARVEY
4005 W HILLSBOROUGH AVE
TAMPA, FL 33614

Current Mailing Address:

C/O KERMIT R HARVEY
4005 W HILLSBOROUGH AVE
TAMPA, FL 33614

FEI Number: 59-2036159

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HARVEY, KERMIT R
4005 W HILLSBOROUGH AVE
TAMPA, FL 33614 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 DP
Name HARVEY, KERMIT R
Address 4005 W HILLSBOROUGH AVE
City-State-Zip: TAMPA FL

Title D
Name HARVEY, KRISTOPHER R
Address 4005 W. HILLSBOROUGH AVE.
City-State-Zip: TAMPA FL 33614

Title D
Name HARVEY, KOURTNEY R
Address 7302 PARK DR
City-State-Zip: TAMPA FL 33610

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: KERMIT R. HARVEY

PRESIDENT

02/20/2017

Electronic Signature of Signing Officer/Director Detail

Date