

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G50749

**Entity Name:** SIMMONS' SAND LAKE ANIMAL CLINIC, P.A.

**Current Principal Place of Business:**

C/O JON NASH  
8932 S APOPKA-VINELAND RD  
ORLANDO, FL 32836-5721

**Current Mailing Address:**

C/O JON NASH  
8932 S APOPKA-VINELAND RD  
ORLANDO, FL 32836-5721

**FEI Number:** 59-2329977

**Certificate of Status Desired:** No

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

NASH, JON E  
8932 SOUTH APOPKA-VINELAND ROAD  
ORLANDO, FL 32836 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            PRESIDENT  
Name            NASH, JON E  
Address        C/O JON NASH  
                  8932 S APOPKA-VINELAND RD  
City-State-Zip: ORLANDO FL 32836-5721

*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:** JON NASH

**OWNER**

**02/11/2019**

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

\_\_\_\_\_  
Date