

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L23306

**Entity Name:** LAKE EMMA ANIMAL HOSPITAL--JOHN J. DEE, D.V.M., P.A.

**Current Principal Place of Business:**

645 PRIMERA BLVD  
LAKE MARY, FL 32746

**Current Mailing Address:**

645 PRIMERA BLVD  
LAKE MARY, FL 32746

**FEI Number:** 59-2971607

**Certificate of Status Desired:** No

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

DEE, JOHN J.  
645 PRIMERA BLVD  
LAKE MARY, FL 32746 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 DEE, JOHN J.  
Address 645 PRIMERA BLVD  
City-State-Zip: LAKE MARY FL 32746

*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:** JOHN DEE

**PRESIDENT**

**05/01/2018**

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

\_\_\_\_\_  
Date