

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M19082

Entity Name: SHADOWOOD ANIMAL CLINIC INC.

Current Principal Place of Business:

9531 CLINT MOORE RD
BOCA RATON, FL 33496

Current Mailing Address:

19721 118TH TRAIL SOUTH
BOCA RATON, FL 33498 US

FEI Number: 59-2596002

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BUTZER, LESLIE
9531 CLINT MOORE RD
BOCA RATON, FL 33496 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 PDS
Name BUTZER, LESLIE
Address 9531 CLINT MOORE RD.
City-State-Zip: BOCA RATON FL 33496

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: LESLIE BUTZER

MRS.

02/08/2016

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date