

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000040216

Entity Name: NORTHMIL ANIMAL CLINIC INC.

Current Principal Place of Business:

4381 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

4381 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410

FEI Number: 65-1096596

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATHEW, ABRAHAM
4381 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410 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 P
Name MATHEW, ABRAHAM
Address 4381 NORTHLAKE BLVD
City-State-Zip: PALM BEACH GARDENS FL 33410

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: ABRAHAM MATHEW

PRESIDENT

04/29/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date