

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000031945

**Entity Name:** MAIN STREET ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

2040 MAIN ST  
DUNEDIN, FL 34698

**FILED**  
**May 05, 2016**  
**Secretary of State**  
**CC1141377164**

**Current Mailing Address:**

2040 MAIN ST  
DUNEDIN, FL 34698

**FEI Number: 02-0587121**

**Certificate of Status Desired: No**

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

MASTERS, SAMUEL GDR  
11502 TROTting DOWN DR  
ODESSA, FL 33556 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            PRES  
Name            MASTERS, SAMUEL G DR.  
Address        11502 TROTting DOWN DR  
City-State-Zip: ODESSA FL 33556

Title            VP  
Name            MASTERS, ANNETTE C MRS.  
Address        11502 TROTting DOWN DR  
City-State-Zip: ODESSA FL 33556

*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: MASTERS , SAMUEL G , DR.**

**PRES**

**05/05/2016**

Electronic Signature of Signing Officer/Director Detail

Date