

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000000599

**FILED**  
**Feb 11, 2019**  
**Secretary of State**  
**5928985663CC**

**Entity Name:** NOAH'S ARK ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

4338 BELL SHOALS RD.  
VALRICO, FL 33594

**Current Mailing Address:**

4338 BELL SHOALS RD.  
VALRICO, FL 33594

**FEI Number: 01-0759863**

**Certificate of Status Desired: No**

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

HUNTER, C. HOWARD  
101 EAST KENNEDY BLVD., STE. 3700  
TAMPA, FL 33602 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	PTD	Title	VPSD
Name	HUNTER, SHARON R	Name	HUNTER, C. HOWARD
Address	4338 BELL SHOALS RD.	Address	101 EAST KENNEDY BLVD.
City-State-Zip:	VALRICO FL 33594	City-State-Zip:	TAMPA FL 33602

*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: C. HOWARD HUNTER**

**VICE PRESIDENT**

**02/11/2019**

Electronic Signature of Signing Officer/Director Detail

Date