

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000069703

**Entity Name:** JONESVILLE ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

14145 W. NEWBERRY RD  
STE 102  
NEWBERRY, FL 32669

**Current Mailing Address:**

14145 W. NEWBERRY RD  
STE 102  
NEWBERRY, FL 32669

**FEI Number:** 20-0067060

**Certificate of Status Desired:** No

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

LERMAN, JILL  
14145 W. NEWBERRY RD  
STE 102  
NEWBERRY, FL 32669 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 DR  
Name LERMAN, JILL  
Address 3454 SW 103 RD ST  
City-State-Zip: GAINESVILLE FL 32608

Title DR  
Name VLIET, KATHLEEN  
Address 16911 NW 129TH TERRACE  
City-State-Zip: ALACHUA FL 32615

*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:** JILL LERMAN

**PRESIDENT**

**04/06/2019**

Electronic Signature of Signing Officer/Director Detail

Date