

2017 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

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date