

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000104303

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

**Current Principal Place of Business:**

2528 CAPITAL CIRCLE S.E  
TALLAHASSEE, FL 32311

**Current Mailing Address:**

2528 CAPITAL CIRCLE SE  
TALLAHASSEE, FL 32311 US

**FEI Number: 55-0876699**

**Certificate of Status Desired: No**

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

MANAUSA, DANIEL E  
3520 THOMASVILLE ROAD  
FOURTH FLOOR  
TALLAHASSEE, FL 32309 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 KASPER, SHERRIL  
Address 1881-B N. MARTIN LUTHER KING  
BLVD.  
City-State-Zip: TALLAHASSEE FL 32303

Title DR  
Name BRUMFIELD, KEVIN  
Address 1881-B N. MARTIN LUTHER KING  
BLVD.  
City-State-Zip: TALLAHASSEE FL 32303

Title DR  
Name BROWN, SONDRAL  
Address 1881-B N. MARTIN LUTHER KING  
BLVD.  
City-State-Zip: TALLAHASSEE FL 32303

Title DR  
Name MOODOYAN, JULIE  
Address 1881-B N. MARTIN LUTHER KING  
BLVD.  
City-State-Zip: TALLAHASSEE FL 32303

*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: JULIE MOODOYAN**

**OWNER**

**03/24/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date