

2017 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:

1881-B N. MARTIN LUTHER KING BOULEVARD
TALLAHASSEE, FL 32303

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, SONDR
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: SONDR BROWN

OWNER

04/18/2017

Electronic Signature of Signing Officer/Director Detail

Date