

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000072376

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

**Current Principal Place of Business:**

15215 COLLIER BLVD. SUITE 312  
NAPLES, FL 34119

**Current Mailing Address:**

15215 COLLIER BLVD. SUITE 312  
NAPLES, FL 34119

**FEI Number: 20-4932459**

**Certificate of Status Desired: No**

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

NEWMAN, ARTHUR  
15215 COLLIER BLVD. SUITE 312  
NAPLES, FL 34119 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 PSD  
Name NEWMAN, ARTHUR  
Address 15215 COLLIER BLVD. SUITE 312  
City-State-Zip: NAPLES FL 34119

*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: ARTHUR NEWMAN**

**OWNER**

**03/03/2016**

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

\_\_\_\_\_  
Date