

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000046777

**Entity Name:** WESTSIDE ANIMAL HOSPITAL OF N.W. FLORIDA,INC.

**Current Principal Place of Business:**

711 N FAIRFIELD DRIVE  
PENSACOLA, FL 32506

**Current Mailing Address:**

711 N FAIRFIELD DRIVE  
PENSACOLA, FL 32506 UN

**FEI Number: 51-0631644**

**Certificate of Status Desired: Yes**

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

ZETTLER, JAMES ADR  
4722 PEACOCK LANE  
PENSACOLA, FL 32504 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 P  
Name ZETTLER, JAMES ADR  
Address 4722 PEACOCK LANE  
City-State-Zip: PENSACOLA FL 32504

*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: JAMES A. ZETTLER**

**OWNER**

**02/16/2021**

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

\_\_\_\_\_  
Date