2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2025
Secretary of State
8741018236CC

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Entity Name: ST. AUGUSTINE REGIONAL VETERINARY EMERGENCY CENTER, P.A.

Current Principal Place of Business:

1100 SOUTH PONCE DE LEON BLVD
SUITE 1
ST AUGUSTINE, FL 32084

Current Mailing Address:

1100 SOUTH PONCE DE LEON BLVD
SUITE 1
ST AUGUSTINE, FL 32084 US

FEI Number: 27-1518663

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMMONS, II, SIDNEY S
562 PARK STREET SUITE 300
JACKSONVILLE, FL 32204 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	PRESIDENT	Title	SECRETARY
Name	POKORNY, IVA DR.	Name	CRABB, STEPHANIE
Address	1100 SOUTH PONCE DE LEON BLVD SUITE 1	Address	1100 SOUTH PONCE DE LEON BLVD SUITE 1
City-State-Zip:	ST AUGUSTINE FL 32084	City-State-Zip:	ST AUGUSTINE FL 32084
Title	OFFICER	Title	OFFICER
Name	LOPEZ, SHEILA	Name	SMITH, PERRY
Address	1100 SOUTH PONCE DE LEON BLVD SUITE 1	Address	1100 SOUTH PONCE DE LEON BLVD SUITE 1
City-State-Zip:	ST AUGUSTINE FL 32084	City-State-Zip:	ST AUGUSTINE FL 32084
Title	TREASURER		
Name	GENDZIER, MARK		
Address	1100 SOUTH PONCE DE LEON BLVD SUITE 1		
City-State-Zip:	ST AUGUSTINE FL 32084		

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: IVA POKORNY DVM PRESIDENT 02/03/2025

Electronic Signature of Signing Officer/Director Detail — Date