

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000101158

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

Current Principal Place of Business:

2090 US 1 SOUTH
ST AUGUSTINE, FL 32086

Current Mailing Address:

2090 US 1 SOUTH
ST AUGUSTINE, FL 32086

FEI Number: 27-1518663

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIMMONS, II, SIDNEY S
1050 RIVERSIDE AVE
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
Name ROSADO, TERRI DR.
Address 2090 US 1 SOUTH
City-State-Zip: ST AUGUSTINE FL 32086

Title TREASURER
Name HAUPT, NORMA DR.
Address 2090 US 1 SOUTH
City-State-Zip: ST AUGUSTINE FL 32086

Title OFFICER
Name BURKHALTER, BROOKE DR.
Address 2090 US 1 SOUTH
City-State-Zip: ST AUGUSTINE FL 32086

Title SECRETARY
Name POKORNY, IVA DR.
Address 2090 US 1 SOUTH
City-State-Zip: ST AUGUSTINE FL 32086

Title OFFICER
Name GENDZIER, MARK DR.
Address 2090 US 1 SOUTH
City-State-Zip: ST AUGUSTINE FL 32086

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: TERRI ROSADO, DVM

PRESIDENT

04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date