

2022 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P09000101158

Entity Name: ST. AUGUSTINE REGIONAL VETERINARY EMERGENCY CENTER, P.A.**FILED**
Jul 18, 2022
Secretary of State
0359162795CC**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	TREASURER
Name	POKORNY, IVA DR.
Address	1100 SOUTH PONCE DE LEON BLVD SUITE 1
City-State-Zip:	ST AUGUSTINE FL 32084

Title	SECRETARY
Name	BURKHALTER, BROOKE
Address	1100 SOUTH PONCE DE LEON BLVD SUITE 1
City-State-Zip:	ST AUGUSTINE FL 32084

Title	OFFICER
Name	WIHBEY, JEANINE
Address	1100 SOUTH PONCE DE LEON BLVD SUITE 1
City-State-Zip:	ST AUGUSTINE FL 32084

Title	PRESIDENT
Name	MAXWELL, ANNA
Address	1100 SOUTH PONCE DE LEON BLVD SUITE 1
City-State-Zip:	ST AUGUSTINE FL 32084

Title	OFFICER
Name	SMITH, PERRY
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**TREASURER****07/18/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date