2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2018
Secretary of State
CC8856624447

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Entity Name: COMPANION ANIMAL HOSPITAL OF NORTH FLORIDA, INC.

Current Principal Place of Business:

6003 PHILLIPS HWY
JACKSONVILLE, FL 32216

Current Mailing Address:

6003 PHILLIPS HWY
JACKSONVILLE, FL 32216

FEI Number: 46-1582239

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STONEBURNER, GRESHAM R
841 PRUDENTIAL DR SUITE 1400
JACKSONVILLE, FL 32207 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	D
Name	ZALUD, KRISTEN
Address	6003 PHILLIPS HWY
City-State-Zip:	JACKSONVILLE FL 32216

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: KRISTEN A. ZALUD OWNER, DVM 03/13/2018

Electronic Signature of Signing Officer/Director Detail — Date