

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000075901

**Entity Name:** LAKE AREA ANIMAL HOSPITAL MELROSE, P.A.

**Current Principal Place of Business:**

8762 STATE ROAD 21  
MELROSE, FL 32666

**Current Mailing Address:**

8762 STATE ROAD 21  
MELROSE, FL 32666

**FEI Number: 46-3666540**

**Certificate of Status Desired: No**

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

KREISCHER, ALBERT C JR  
1407 W. BUSCH BOULEVARD  
TAMPA, FL 33612 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                  | Title           | CEO                |
| Name            | REA, AMBER M       | Name            | REA, DANIEL J      |
| Address         | 8762 STATE ROAD 21 | Address         | 8762 STATE ROAD 21 |
| City-State-Zip: | MELROSE FL 32666   | City-State-Zip: | MELROSE FL 32666   |

*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: DANIEL J REA**

**CEO**

**07/05/2017**

Electronic Signature of Signing Officer/Director Detail

Date