

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000075902

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

**Current Principal Place of Business:**

7410 SE US HIGHWAY 301  
HAWTHORNE, FL 32640

**Current Mailing Address:**

7410 SE US HIGHWAY 301  
HAWTHORNE, FL 32640

**FEI Number: 46-3678841**

**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  
Name REA, AMBER M  
Address 7410 SE US HIGHWAY 301  
City-State-Zip: HAWTHORNE FL 32640

Title CEO  
Name REA, DANIEL J  
Address 7410 SE US HIGHWAY 301  
City-State-Zip: HAWTHORNE FL 32640

*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 REA**

**CEO**

**04/28/2014**

Electronic Signature of Signing Officer/Director Detail

Date