

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000030211

Entity Name: DR NORMS WESTSIDE ANIMAL HOSPITAL INC

Current Principal Place of Business:

22326 PANAMA CITY BEACH PKWY
PANAMA CITY BEACH, FL 32413

Current Mailing Address:

PO BOX 7356
PANAMA CITY BEACH, FL 32413 US

FEI Number: 46-5302484

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

IMPACT TAX & ACCOUNTING INC
8406 PANAMA CITY BEACH PKWY STE G
PANAMA CITY BEACH, FL 32407 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, T
Name SPENCER, NORMAN
Address PO BOX 7356
City-State-Zip: PANAMA CITY BEACH FL 32413

Title VP.S
Name SPENCER, CHRISTINE
Address PO BOX 7356
City-State-Zip: PANAMA CITY BEACH FL 32413

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: NORMAN SPENCER, DVM

PRESIDENT

03/21/2015

Electronic Signature of Signing Officer/Director Detail

Date