

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000035709

Entity Name: CK FIORE-BROOKS, P.A.

Current Principal Place of Business:

HERON CREEK ANIMAL; HOSPITAL
1219 N SUMPTER BOULEVARD
NORTH PORT, FL 34286

Current Mailing Address:

HERON CREEK ANIMAL; HOSPITAL
1219 N SUMPTER BOULEVARD
NORTH PORT, FL 34286

FEI Number: 47-3784468

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STONEBURNER BERRY PURCELL & CAMPBELL, P.A.
200 WEST FORSYTH STREET, SUITE 1610
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 PVT
Name FIORE-BROOKS, CINDY
Address 1219 N. SUMPTER BLVD
City-State-Zip: NORTH PORT FL 34286

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: CINDY FIORE-BROOKS

PRESIDENT

03/24/2016

Electronic Signature of Signing Officer/Director Detail

Date