	I ing Address: YORK AVENUE _ 32724 US			
FEI Number: 83-4184778			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
MARCHAND, TA 1100 N. PENINS NEW SMYRNA				
The above named	entity submits this statement for the purpose of changing its regist	ered office or regist	ered agent, or both, in the State of Florida.	
SIGNATURE: TANIA MARCHAND			01	1/26/2023
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	P	Title	VP	
Name	MARCHAND, TANIA M	Name	MARCHAND, DIANE J	
Address	1100 N. PENINSULA AVE	Address	1100 N. PENINSULA AVE	

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: TANIA MARCHAND

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

01/26/2023

FILED Jan 26, 2023 **Secretary of State** 6903082815CC

DOCUMENT# P18000055322

2100 E NEW YORK AVENUE DELAND, FL 32724

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: ANIMAL EMERGENCY CRITICAL CARE DELAND INC

Current Principal Place of Business:

Date