

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000058984

Entity Name: NORTH SHORE ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

14487 N. CLEVELAND AVENUE
NORTH FORT MYERS, FL 33903

Current Mailing Address:

14487 N. CLEVELAND AVENUE
NORTH FORT MYERS, FL 33903 US

FEI Number: 65-0433561

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE LEGAL SOLUTIONS
5072 ANNUNCIATION CIR, STE 233
AVE MARIA, FL 34142 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: STEPHEN N. MCGUIRE II, ESQ.

04/27/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D, P, T
Name KINCADE, TERESA ANN
Address 14487 N. CLEVELAND AVENUE
City-State-Zip: NORTH FORT MYERS FL 33903

Title D, S, VP
Name KINCADE, WILLIAM EVERETT
Address 14487 N. CLEVELAND AVENUE
City-State-Zip: NORTH FORT MYERS FL 33903

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: TERESA KINCADE

DPT

04/27/2024

Electronic Signature of Signing Officer/Director Detail

Date