

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000058984

**FILED  
May 02, 2016  
Secretary of State  
CC0141325458**

**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:**

KINCADE, TERESA A  
14487 N. CLEVELAND AVENUE  
NORTH FORT MYERS, FL 33903 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:** TERESA A. KINCADE

05/02/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DST  
Name SENSEMAN, LOIS ANN  
Address 14487 N. CLEVELAND AVENUE  
City-State-Zip: NORTH FORT MYERS FL 33903

Title DP  
Name KINCADE, TERESA A  
Address 14487 N. CLEVELAND AVENUE  
City-State-Zip: NORTH FORT MYERS FL 33903

Title DV  
Name SENSEMAN-KINCADE, TERESA ANN  
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 A. KINCADE

DP

05/02/2016

Electronic Signature of Signing Officer/Director Detail

Date