

2014 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:

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

01/22/2014

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 DV

01/22/2014

Electronic Signature of Signing Officer/Director Detail

Date