

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000006321

**Entity Name:** NATURAL ANIMAL HEALTH PRODUCTS, INC.

**Current Principal Place of Business:**

7000 U.S. HIGHWAY 1 NORTH  
SUITE #301  
ST. AUGUSTINE, FL 32095

**Current Mailing Address:**

7000 U.S. HIGHWAY 1 NORTH  
SUITE #301  
ST. AUGUSTINE, FL 32095

**FEI Number:** 59-3221788

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ELLISON, WAYNE T  
7000 US HIGHWAY 1 NORTH  
SUITE #301  
SAINT AUGUSTINE, FL 32095 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 DP  
Name ELLISON, WAYNE T  
Address 7000 U.S. HIGHWAY 1 N, SUITE 301  
City-State-Zip: ST. AUGUSTINE FL 32095

Title DV  
Name ELLISON, DEBRA ANN L  
Address 7000 U.S. HIGHWAY 1 N, SUITE 301  
City-State-Zip: ST. AUGUSTINE FL 32095

*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:** WAYNE TROY ELLISON

**PRESIDENT**

**04/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date