

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000059204

**Entity Name:** ANIMAL HOSPITAL OF PENSACOLA, INC.

**Current Principal Place of Business:**

5001 N 12 AVE  
PENSACOLA, FL 32504

**Current Mailing Address:**

5001 N 12 AVE  
PENSACOLA, FL 32504 US

**FEI Number:** 59-3262702

**Certificate of Status Desired:** Yes

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

HESS, BRIAN D  
9108 FRONT BEACH RD  
PANAMA CITY BEACH, FL 32408 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 D  
Name CARLOS, THOMAS E  
Address 5001 N 12 AVE  
City-State-Zip: PENSACOLA FL 32504

Title SECRETARY  
Name HILL, DEBBIE K  
Address 5001 N 12 AVE  
City-State-Zip: PENSACOLA FL 32504

*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:** DEBBIE K HILL

**SECRETARY**

**06/28/2018**

Electronic Signature of Signing Officer/Director Detail

Date