

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000031423

**Entity Name:** ABA ABRAAM ANIMAL HOSPITAL, CORP.

**Current Principal Place of Business:**

4909 EHRLICH RD  
TAMPA, FL 33624

**Current Mailing Address:**

4909 EHRLICH RD  
TAMPA, FL 33624

**FEI Number:** 59-3372652

**Certificate of Status Desired:** Yes

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

BOLOS, RIFAT B  
4909 EHRLICH ROAD  
TAMPA, FL 33624 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	P	Title	VP
Name	BOLOS, RIFAT BDR.	Name	BOLOS, MAGDA S
Address	4909 EHRLICH ROAD	Address	4909 EHRLICH ROAD
City-State-Zip:	TAMPA FL 33624	City-State-Zip:	TAMPA FL 33624

*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:** RIFAT B BOLOS DR

**PRESIDENT**

**03/21/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date