

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000083088

**Entity Name:** NASSAU VETERINARY HOSPITAL, INC.

**Current Principal Place of Business:**

851015 US HWY 17  
YULEE, FL 32097

**Current Mailing Address:**

851015 US HWY 17  
YULEE, FL 32097 US

**FEI Number:** 59-3412326

**Certificate of Status Desired:** No

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

VALENTE, JR., ANTHONY PESQ.  
5100 FIRST AVE NORTH  
SAINT PETERSBURG, FL 33710 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 DPST  
Name CARTER, KIMBERLY A  
Address 851015 US HWY 17  
City-State-Zip: YULEE FL 32097

Title VP  
Name CARTER, RITA  
Address 851015 US HWY 17  
City-State-Zip: YULEE FL 32097

*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:** KIMBERLY A. CARTER, DVM

**PRESIDENT**

**04/24/2015**

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

\_\_\_\_\_  
Date