

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000104571

Entity Name: CLERMONT ANIMAL HOSPITAL INC.

Current Principal Place of Business:

211 NORTH HWY 27
CLERMONT, FL 34711

Current Mailing Address:

211 NORTH HWY 27
CLERMONT, FL 34711

FEI Number: 59-3422944

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIMENT, STANLEY C
211 NORTH HWY 27
CLERMONT, FL 34711 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 PSD
Name DIMENT, STANLEY C
Address 211 NORTH HWY 27
City-State-Zip: CLERMONT FL 34711

Title T
Name SAVAGE, SUSAN
Address 12838 LEATRICE DR.
City-State-Zip: CLERMONT FL 34175

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: SUSAN SAVAGE

TREASURER

04/12/2013

Electronic Signature of Signing Officer/Director Detail

Date