

**2015 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: Yes**

**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: STANLEY DIMENT**

**PRESIDENT CAH, INC**

**02/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date