

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000039129

**Entity Name:** ALL ANIMAL & BIRD HOSPITAL, INC.

**Current Principal Place of Business:**

4100 W. NEW HAVEN AVE.  
MELBOURNE, FL 32904

**Current Mailing Address:**

4100 W. NEW HAVEN AVE.  
MELBOURNE, FL 32904

**FEI Number:** 59-3514859

**Certificate of Status Desired:** No

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

MOTIE, ANIRUDE  
4100 W. NEW HAVEN AVE.  
MELBOURNE, FL 32904 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	D
Name	MOTIE, ANIRUDE	Name	MOTIE, ANIRUDE
Address	4100 W. NEW HAVEN AVE.	Address	4100 W. NEW HAVEN AVE.
City-State-Zip:	MELBOURNE FL 32904	City-State-Zip:	MELBOURNE FL 32904

*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:** ANIRUDE MOTIE

**PRESIDENT**

**02/11/2019**

Electronic Signature of Signing Officer/Director Detail

Date