

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000055514

Entity Name: ANIMAL HOSPITAL OF THE TIGER POINT, INC.

Current Principal Place of Business:

4118 GULF BREEZE PKWY
GULF BREEZE, FL 32563

Current Mailing Address:

4118 GULF BREEZE PKWY
GULF BREEZE, FL 32563 US

FEI Number: 59-3522889

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HESS, BRIAN D
9108 FRONT BEACH ROAD
PANAMA CITY BEACH, FL 32407 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 PRESIDENT
Name CARLOS, THOMAS E
Address 5001 N. 12TH AVENUE
City-State-Zip: PENSACOLA FL 32504

Title VP, SECRETARY, TREASURER
Name HILL, DEBBIE K
Address 5001 N 12TH AVENUE
City-State-Zip: PENSACOLA FL 32504

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: DEBBIE K. HILL

VICE PRESIDENT

05/08/2020

Electronic Signature of Signing Officer/Director Detail

Date