

**2016 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

**SECRETARY**

**04/01/2016**

Electronic Signature of Signing Officer/Director Detail

Date