

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000087183

**Entity Name:** SHAFFER ANIMAL HOSPITAL, P.A.

**Current Principal Place of Business:**

1475 E MITCHELL HAMMOCK ROAD  
OVIEDO, FL 32765

**Current Mailing Address:**

4501 CHULUOTA ROAD  
ORLANDO, FL 32820

**FEI Number: 59-3537538**

**Certificate of Status Desired: No**

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

SHAFFER, KENDRA W  
1475 E MITCHELL HAMMOCK  
OVIEDO, FL 32765 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	ST
Name	SHAFFER, JEFFREY A	Name	SHAFFER, KENDRA W
Address	4501 CHULUOTA ROAD	Address	4501 CHULUOTA ROAD
City-State-Zip:	ORLANDO FL 32820	City-State-Zip:	ORLANDO FL 32820

*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: JEFFREY A. SHAFFER**

**PRESIDENT**

**04/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date