

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000015751

**Entity Name:** PET CARE HOSPITAL, INC.

**Current Principal Place of Business:**

5001 N. 12TH AVE.  
PENSACOLA, FL 32504

**Current Mailing Address:**

5001 N. 12TH AVE.  
PENSACOLA, FL 32504 US

**FEI Number: 59-3564350**

**Certificate of Status Desired: Yes**

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

HESS, BRIAN D  
9108 FRONT BEACH RD.  
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	DR	Title	VP, SECRETARY, TREASURER
Name	CARLOS, THOMAS E	Name	HILL, DEBBIE K
Address	5001 N. 12TH AVE.	Address	5001 N 12TH AVENUE
City-State-Zip:	PENSACOLA FL 32504	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