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Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954)525-7500
Fax Number : (954)761-8475

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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REGISTERED AGENT CHANGE
LAKESIDE ANIMAL HOSPITAL, INC.

Certificate of Status	0
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Help SEP 16 2015

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: LAKE SIDE ANIMAL HOSPITAL, INC.
2. The principal office address: 9601 W. BROWARD BLVD.
PLANTATION, FL 33324

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/26/2003 Document number: P03000107333

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MONICA GARCIA-FERNANDEZ

9601 W. BROWARD BOULEVARD

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

DENNIS D. SMITH, C/O TRIPP SCOTT, P.A.

110 SE 6TH STREET, 15TH FLOOR

P.O. Box NOT acceptable

FORT LAUDERDALE, FL 33301

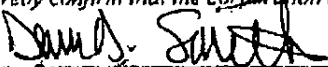
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

 _____
SIGNATURE OF AN OFFICER OR DIRECTOR MONICA GARCIA-FERNANDEZ / AN PERSONAL REPRESENTATIVE OF MONICA GARCIA-FERNANDEZ

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

September 15, 2015

Date

If signing on behalf of an entity:

Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR218045 (03/12)

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