

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 24, 2008 08:00 AM
Secretary of State**

DOCUMENT # P04000001798

1. Entity Name
FLORIDAWILD VETERINARY HOSPITAL, P.A.



Principal Place of Business

Mailing Address

**115 E. EUCLID AVENUE
DELAND, FL 32724 US**

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DELAND, FL 32724 US**



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number

51-0495269

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HALL HOLDER, ERIN L
332 S. ALABAMA AVENUE
DELAND, FL 32724**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U000000918947
05/13/08-80103-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRES
HALL HOLDER, ERIN L
332 S. ALABAMA AVENUE
DELAND, FL 32724**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08 386-734-9899

Date

Daytime Phone #