

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000141376

**FILED**  
**Oct 06, 2014**  
**Secretary of State**

**Entity Name:** NORTH RIVER VETERINARY HOSPITAL, INC.

**Current Principal Place of Business:**

12805 CR 675  
PARRISH, FL 34219

**New Principal Place of Business:**

**Current Mailing Address:**

12805 CR 675  
PARRISH, FL 34219

**New Mailing Address:**

**FEI Number:** 16-1708747

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MULOCK, EDWIN T  
519 13TH STREET WEST  
BRADENTON, FL 34205 US

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

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:** EDDIE MULOCK

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** NELSON, STACY  
**Address:** 12805 CR 675  
**City-St-Zip:** PARRISH, FL 34219

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:** STACY L. NELSON

OWNE

10/06/2014

Electronic Signature of Signing Officer or Director

Date