

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000001194

**Entity Name:** MIDBAY VETERINARY HOSPITAL, INC

**Current Principal Place of Business:**

179 MAGNOLIA ST  
NICEVILLE, FL 32578

**Current Mailing Address:**

179 MAGNOLIA ST  
NICEVILLE, FL 32578

**FEI Number: 46-4650874**

**Certificate of Status Desired: Yes**

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

CHAPMAN, MAYA  
179 MAGNOLIA ST  
NICEVILLE, FL 32578 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  
Name CHAPMAN, MAYA  
Address 179 MAGNOLIA ST  
City-State-Zip: NICEVILLE FL 32578

Title S  
Name CHAPMAN, MAYA  
Address 179 MAGNOLIA ST  
City-State-Zip: NICEVILLE FL 32578

Title V  
Name CHAPMAN, WILL S III  
Address 179 MAGNOLIA ST  
City-State-Zip: NICEVILLE FL 32578

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MAYA CHAPMAN**

**DR**

**01/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date