

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 475788

**Entity Name:** RAWLS VETERINARY HOSPITAL, INC.

**Current Principal Place of Business:**

127 EAST MASON AVE.  
DAYTONA BEACH, FL 32117-5034

**Current Mailing Address:**

635 EAST RIDGEWOOD AVE  
ORMOND BEACH, FL 32174

**FEI Number:** 59-1594876

**Certificate of Status Desired:** No

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

RAWLS, JR., BENJAMIN H  
635 E. RIDGEWOOD AVE.  
ORMOND BEACH, FL 32174 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 PD  
Name RAWLS JR., BENJAMIN H  
Address 635 E. RIDGEWOOD AVE  
City-State-Zip: ORMOND BEACH FL 32174

Title VP  
Name HARPER, JOE A  
Address 155 ALYSSA RD  
City-State-Zip: WHITE OAK GA 31568

Title ST  
Name RAWLS, CHARLES B  
Address 1031 H D ATHA RD  
City-State-Zip: MONROE GA 30655

*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:** BENJAMIN H RAWLS JR.

PD

02/21/2015

Electronic Signature of Signing Officer/Director Detail

Date