**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Jan 25, 2022**
**Secretary of State**
**0944727839CC**

DOCUMENT# G03194

**Entity Name:** KILLEARN ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

3629 CAGNEY DRIVE
TALLAHASSEE, FL 32309

**Current Mailing Address:**

3629 CAGNEY DRIVE
TALLAHASSEE, FL 32309 US

**FEI Number: 59-2229319**

**Certificate of Status Desired:** Yes

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

DUGAS, C. SCOTT
5471 SYBIL COURT
TALLAHASSEE, FL 32309 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 | DP | Title | S |
| Name | DUGAS, C. SCOTT | Name | DUGAS, CARMEN F. |
| Address | 5471 SYBIL COURT | Address | 5471 SYBIL COURT |
| City-State-Zip: | TALLAHASSEE FL 32309 | City-State-Zip: | TALLAHASSEE FL 32309 |
| Title | VM | Title | AS |
| Name | DUGAS, ANDREW N. | Name | DUGAS, RANDI B. |
| Address | 2249 MONAGHAN DRIVE | Address | 2249 MONAGHAN DRIVE |
| City-State-Zip: | TALLAHASSEE FL 32309 | City-State-Zip: | TALLAHASSEE FL 32309 |

*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: ANDREW N. DUGAS VM 01/25/2022

Electronic Signature of Signing Officer/Director Detail — Date