

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

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:** No

**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  
Name DUGAS, C. SCOTT  
Address 5471 SYBIL COURT  
City-State-Zip: TALLAHASSEE FL 32309

Title S  
Name DUGAS, CARMEN F.  
Address 5471 SYBIL COURT  
City-State-Zip: TALLAHASSEE FL 32309

Title VM  
Name DUGAS, ANDREW N.  
Address 2249 MONAGHAN DRIVE  
City-State-Zip: TALLAHASSEE FL 32309

Title AS  
Name DUGAS, RANDI F.  
Address 2249 MONAGHAN DRIVE  
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**

**VP**

**03/25/2025**

Electronic Signature of Signing Officer/Director Detail

Date