

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G79515

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

**Current Principal Place of Business:**

8615 NORMANDY BLVD.  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

8615 NORMANDY BLVD.  
JACKSONVILLE, FL 32221 US

**FEI Number:** 59-2166579

**Certificate of Status Desired:** Yes

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

FRAZIER, W. ROBINSON  
1515 RIVERSIDE AVENUE, SUITE #A  
JACKSONVILLE, FL 32204 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 WRIGHT, PATRICK J.  
Address 8615 NORMANDY BLVD.  
City-State-Zip: JACKSONVILLE FL 32221

*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:** MINDY DILLON

RECEPTIONIST

03/07/2016

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date