

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G86982

Entity Name: WESTLAKE ANIMAL HOSPITAL, INC.**Current Principal Place of Business:**39564 US 19 NORTH
TARPON SPRINGS, FL 34689**Current Mailing Address:**39564 US 19 NORTH
TARPON SPRINGS, FL 34689**FEI Number:** 59-2372575**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HASSELL, BYRON
39564 U.S. 19 NORTH
TARPON SPRINGS, FL 34689 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:** BYRON HASSELL

01/26/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	HASSELL, BYRON
Address	39564 U.S. 19 NORTH
City-State-Zip:	TARPON SPRINGS FL 34689

Title	SECRETARY
Name	MURPHY, ERIN MORGAN
Address	39564 U.S. 19 NORTH
City-State-Zip:	TARPON SPRINGS FL 34689

Title	OFFICER
Name	WATERMAN, FELICITE
Address	39564 US 19 NORTH
City-State-Zip:	TARPON SPRINGS FL 34689

Title	OFFICER
Name	OJEDA, NYURKA
Address	39564 US 19 NORTH
City-State-Zip:	TARPON SPRINGS FL 34689

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: NYURKA OJEDA**OFFICER**

01/26/2021

Electronic Signature of Signing Officer/Director Detail

Date