

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J70821

**Entity Name:** CLAY COUNTY ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

332 PARKRIDGE AVE  
ORANGE PARK, FL 32065-7507

**Current Mailing Address:**

332 PARKRIDGE AVE  
ORANGE PARK, FL 32065-7507 US

**FEI Number:** 59-2801874

**Certificate of Status Desired:** No

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

NAUMAN, SHEILA  
332 PARKRIDGE AVE  
ORANGE PARK, FL 32065 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 PVST  
Name NAUMAN, SHEILA  
Address 332 PARKRIDGE AVE  
City-State-Zip: ORANGE PARK FL 32065

*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:** SHEILA W NAUMAN

PVST

02/14/2018

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

\_\_\_\_\_  
Date