

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000057122

Entity Name: 434 ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

212 EAST STATE RD 434
LONGWOOD, FL 32750

Current Mailing Address:

212 EAST STATE RD 434
LONGWOOD, FL 32750

FEI Number: 02-0600298

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EHLERS, WILLIAM PDVM
4385 WEEPING WILLOW CIRC
CASSELBERRY, FL 32707 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 DVM
Name EHLERS, WILLIAM PDVM
Address 4385 WEEPING WILLOW CIR
City-State-Zip: CASSELBERRY FL 32707

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: WILLIAM P. EHLERS

DVM

03/05/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date