

**2017 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

01/11/2017

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

\_\_\_\_\_  
Date