

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000065832

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

**Current Principal Place of Business:**

400 SE 29 ST  
FT LAUDERDALE, FL 33316

**Current Mailing Address:**

400 SE 29 ST  
FT LAUDERDALE, FL 33316

**FEI Number: 33-1008285**

**Certificate of Status Desired: Yes**

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

HAGADORN, ROBERT  
400 SE 29 ST  
FT LAUDERDALE, FL 33316 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 P  
Name HAGADORN, ROBERT F  
Address 400 SE 29 ST  
City-State-Zip: FT LAUDERDALE FL 33316

Title V  
Name HAGADORN, ALICIA  
Address 400 SE 29 ST  
City-State-Zip: FT LAUDERDALE FL 33316

Title S  
Name CRUZ, JACLYN N  
Address 400 SE 29 ST  
City-State-Zip: FT LAUDERDALE FL 33316

Title T  
Name MARLAR, KELLI  
Address 400 SE 29 ST  
City-State-Zip: FORT LAUDERDALE FL 33316

*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: ROBERT HAGADORN**

**PRESIDENT**

**04/13/2016**

Electronic Signature of Signing Officer/Director Detail

Date