

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000013945

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

**Current Principal Place of Business:**

4959 LE CHALET BLVD STE B  
BOYNTON BEACH, FL 33436

**Current Mailing Address:**

5435 PINE TREE ROAD  
POMPANO BEACH, FL 33067

**FEI Number:** 20-0647843

**Certificate of Status Desired:** No

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

BURNS, JEAN M  
5435 PINE TREE ROAD  
POMPANO BEACH, FL 33067 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 PDS  
Name BURNS, JEAN M  
Address 5435 PINE TREE ROAD  
City-State-Zip: POMPANO BEACH FL 33067

Title VP  
Name DURHAM, CHRIS J  
Address 5435 PINE TREE RD  
City-State-Zip: POMPANO BEACH FL 33067

*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:** JEAN BURNS

**PRESIDENT**

**04/24/2017**

Electronic Signature of Signing Officer/Director Detail

Date