

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022732

Entity Name: TRINITY PET HOSPITAL, INC.

Current Principal Place of Business:

7813 MITCHELL BLVD
SUITE# 112
TRINITY, FL 34655

Current Mailing Address:

7813 MITCHELL BLVD
SUITE #112
TRINITY, FL 34655

FEI Number: 30-0303754

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STELTER, KIM
1742 LOCH HAVEN COURT
TRINITY, FL 34655 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 STELTER, KIM
Address 7813 MITCHELL BLVD SUITE 112
City-State-Zip: TRINITY FL 34655

Title VP
Name LAMB, KATHLEEN
Address 7813 MITCHELL BLVD SUITE 112
City-State-Zip: TRINITY FL 34655

Title TRES
Name STELTER, CHRIS
Address 7813 MITCHELL BLVD SUITE 112
City-State-Zip: TRINITY FL 34655

Title SECY
Name LAMB, KATHLEEN
Address 7813 MITCHELL BLVD SUITE 112
City-State-Zip: TRINITY FL 34655

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: KATHLEEN LAMB

VICE PRESIDENT

05/24/2016

Electronic Signature of Signing Officer/Director Detail

Date