

2021 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	STELTER, CHRIS
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	SALTON, VICKI
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: STELTER, KIM**PRESIDENT****03/02/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date