

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000042663

**Entity Name:** CARING HANDS ANIMAL HOSPITAL INC.

**Current Principal Place of Business:**

1541 WEST HIGHWAY 90  
LAKE CITY, FL 32055

**Current Mailing Address:**

1541 WEST HIGHWAY 90  
LAKE CITY, FL 32055

**FEI Number:** 22-3962808

**Certificate of Status Desired:** No

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

LUDWIG HULSEY, P.A.  
5150 BELFORT RD. S.  
#500  
JACKSONVILLE, FL 32256 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:** JEFFREY R. LUDWIG AS PRESIDENT

03/11/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CEO	Title	CHIEF MEDICAL OFFICER
Name	LESLIE, MARIE	Name	CODY, BETHANY
Address	6786 SW 44TH PL	Address	1541 WEST HIGHWAY 90
City-State-Zip:	LAKE BUTLER FL 32054	City-State-Zip:	LAKE CITY FL 32055

*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:** MARIE LESLIE

CEO

03/11/2020

Electronic Signature of Signing Officer/Director Detail

Date