

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000041746

**Entity Name:** ANIMAL HOSPITAL OF UNIVERSITY DRIVE, PA

**Current Principal Place of Business:**

2585 NORTH UNIVERSITY DRIVE  
SUNRISE, FL 33322

**Current Mailing Address:**

2585 N UNIVERSITY DRIVE  
SUNRISE, FL 33322 US

**FEI Number:** 26-2481930

**Certificate of Status Desired:** No

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

ANSARA, CARL DR.  
2585 N UNIVERSITY DRIVE  
SUNRISE, FL 33322 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:** CARL ANSARA

02/12/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT,  
TREASURER, CHAIRMAN  
Name ANSARA, CARL  
Address 2585 NORTH UNIVERSITY DRIVE  
City-State-Zip: SUNRISE FL 33322

Title DIRECTOR, VP, SECRETARY  
Name ANSARA, CARL  
Address 2585 NORTH UNIVERSITY DRIVE  
City-State-Zip: SUNRISE FL 33322

*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:** CARL ANSARA

PRESIDENT

02/12/2020

Electronic Signature of Signing Officer/Director Detail

Date