above, or on an attachment with all other like empowered.

SIGNATURE: RALPH WILLIAM SEVELIUS

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

SEVELIUS, RALPH DR. 11475 NORTH MAIN STREET JACKSONVILLE, FL 32218 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: RALPH W. SEVELIUS

Electronic Signature of Registered Agent

Officer/Director Detail :

Title DR Name SEVELIUS, RALPH W Address 11475 NORTH MAIN STREET JACKSONVILLE FL 32218 City-State-Zip:

DOCUMENT# P10000037275

Entity Name: NORTHSIDE ANIMAL HOSPITAL OF JACKSONVILLE, INC.

Current Principal Place of Business:

11475 NORTH MAIN STREET JACKSONVILLE, FL 32218

Current Mailing Address:

11475 NORTH MAIN STREET JACKSONVILLE, FL 32218 US

FEI Number: 27-2509879

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

PRESIDENT

FILED Feb 23, 2024 Secretary of State 4315015540CC

02/23/2024

Certificate of Status Desired: No

Date

Date

02/23/2024

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT