

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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

FEI Number: 27-2509879

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEVELIUS, RALPH W
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

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

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: RALPH W. SEVELIUS

PRESIDENT

04/24/2014

Electronic Signature of Signing Officer/Director Detail

Date