

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000020833

**Entity Name:** PRIMA VISTA ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

250 SW PRIMA VISTA BOULEVARD  
PORT ST. LUCIE, FL 34983

**Current Mailing Address:**

250 SW PRIMA VISTA BOULEVARD  
PORT ST. LUCIE, FL 34983

**FEI Number:** 27-5383256

**Certificate of Status Desired:** No

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

CARLOS, THOMAS EDR  
5001 NORTH 12TH AVENUE  
PENSACOLA, FL 32504 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 CARLOS, THOMAS EDR.  
Address 250 SW PRIMA VISTA BOULEVARD  
City-State-Zip: PORT ST. LUCIE FL 34983

Title VP, SECRETARY, TREASURER  
Name DEBBIE, HILL K  
Address 5001 N 12TH AVENUE  
City-State-Zip: PENSACOLA FL 32504

*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:** DEBBIE HILL

**VICE PRESIDENT**

**04/11/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date