

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000002606

**Entity Name:** CHOSA COURTENAY ANIMAL HOSPITAL, P.A.**Current Principal Place of Business:**2265 NORTH COURTENAY PARKWAY  
MERRITT ISLAND, FL 32953**Current Mailing Address:**2265 NORTH COURTENAY PARKWAY  
MERRITT ISLAND, FL 32953 US**FEI Number: 45-4304552****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CHOSA, ELIZABETH  
2265 NORTH COURTENAY PARKWAY  
MERRITT ISLAND, FL 32953 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 CHOSA, ELIZABETH  
Address 2265 NORTH COURTENAY PARKWAY  
City-State-Zip: MERRITT ISLAND FL 32953

Title VP  
Name CHOSA, ELIZABETH  
Address 2265 NORTH COURTENAY PARKWAY  
City-State-Zip: MERRITT ISLAND FL 32953

Title S  
Name CHOSA, ELIZABETH  
Address 2265 NORTH COURTENAY PARKWAY  
City-State-Zip: MERRITT ISLAND FL 32953

Title T  
Name CHOSA, ELIZABETH  
Address 2265 NORTH COURTENAY PARKWAY  
City-State-Zip: MERRITT ISLAND FL 32953

Title D  
Name CHOSA, ELIZABETH  
Address 2265 NORTH COURTENAY PARKWAY  
City-State-Zip: MERRITT ISLAND FL 32953

*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: ELIZABETH CHOSA****OWNER****01/20/2018**

Electronic Signature of Signing Officer/Director Detail

Date