

2016 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

01/24/2016

Electronic Signature of Signing Officer/Director Detail

Date