

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000075901

Entity Name: LAKE AREA ANIMAL HOSPITAL MELROSE, P.A.

Current Principal Place of Business:

8762 STATE ROAD 21
MELROSE, FL 32666

Current Mailing Address:

8762 STATE ROAD 21
MELROSE, FL 32666

FEI Number: 46-3666540

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KREISCHER, ALBERT C JR
1407 W. BUSCH BOULEVARD
TAMPA, FL 33612 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	Title	CEO
Name	REA, AMBER M	Name	REA, DANIEL J
Address	8762 STATE ROAD 21	Address	8762 STATE ROAD 21
City-State-Zip:	MELROSE FL 32666	City-State-Zip:	MELROSE FL 32666

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: DANIEL REA

CEO

09/21/2018

Electronic Signature of Signing Officer/Director Detail

Date