

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P17000014065

**Entity Name:** DRIFTWOOD VETERINARY HOSPITAL, INC.

**Current Principal Place of Business:**

533 WEST TWINCOURT TRAIL  
SUITE 706  
ST AUGUSTINE, FL 32095

**Current Mailing Address:**

533 WEST TWINCOURT TRAIL  
SUITE 706  
ST AUGUSTINE, FL 32095 US

**FEI Number:** 82-0597303

**Certificate of Status Desired:** No

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

SHOOK, BRITTANY G  
207 E STREET  
UNIT B  
ST AUGUSTINE, FL 32080 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                PRES  
Name                SHOOK, BRITTANY G  
Address            207 E STREET UNIT B  
City-State-Zip:   ST AUGUSTINE FL 32080

*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:** BRITTANY GRACE SHOOK

**PRESIDENT**

**01/27/2020**

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

\_\_\_\_\_  
Date