

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000083487

Entity Name: REDLAND ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

24840 S.W. 177 AVENUE
HOMESTEAD, FL 33031

Current Mailing Address:

24840 S.W. 177 AVENUE
HOMESTEAD, FL 33031

FEI Number: 65-0702348

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSHNELL, G MAUREEN
24840 S.W. 177 AVENUE
HOMESTEAD, FL 33031 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 PSD
Name BUSHNELL, G. MAUREEN
Address 24840 S.W. 177 AVENUE
City-State-Zip: HOMESTEAD FL

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: G. MAUREEN BUSHNELL

PRACTICE OWNER

01/14/2015

Electronic Signature of Signing Officer/Director Detail

Date