

**2024 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**

**OWNER**

**03/13/2024**

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

\_\_\_\_\_  
Date