

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000015454

Entity Name: LOST KEY ANIMAL CLINIC, P.A.

Current Principal Place of Business:

4190 BAUER ROAD
PENSACOLA, FL 32506

Current Mailing Address:

4190 BAUER ROAD
PENSACOLA, FL 32506 US

FEI Number: 59-3502499

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOSKIN, CHARLES P
30 SOUTH SPRING ST
PENSACOLA, FL 32502 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 D
Name CALLOWAY, SUE
Address 11005 BRIDGES CT DR
City-State-Zip: PENSACOLA FL

Title D
Name MCDOUGAL, SUE
Address 951 SHADOW RIDGE
City-State-Zip: PENSACOLA 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: CALLOWAY , SUE

D

01/13/2017

Electronic Signature of Signing Officer/Director Detail

Date