

**2016 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

01/13/2016

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

\_\_\_\_\_  
Date