**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 10, 2017**
**Secretary of State**
**CC3366598930**

DOCUMENT# P99000054389

**Entity Name:** KINDNESS ANIMAL HOSPITAL OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

715 CAPE CORAL PARKWAY, WEST
CAPE CORAL, FL 33914

**Current Mailing Address:**

715 CAPE CORAL PARKWAY, WEST
CAPE CORAL, FL 33914

**FEI Number: 65-0926622**

**Certificate of Status Desired:** Yes

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

SALCEDO, ARLYNE
715 CAPE CORAL PARKWAY, WEST
CAPE CORAL, FL 33914 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 | Title | D |
| Name | MORRIS, LINDA | Name | CARVER, KELLY DVM |
| Address | 715 CAPE CORAL PARKWAY, WEST | Address | 715 CAPE CORAL PARKWAY, WEST |
| City-State-Zip: | CAPE CORAL FL 33914 | City-State-Zip: | CAPE CORAL FL 33914 |

| | |
|---|---|
| Title | D |
| Name | SALCEDO, ARLYNE D.V.M |
| Address | 715 CAPE CORAL PARKWAY, WEST |
| City-State-Zip: | CAPE CORAL FL 33914 |

*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: LINDA MORRIS SECRETARY 04/10/2017

Electronic Signature of Signing Officer/Director Detail — Date