

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V04005

Entity Name: NEWBERRY ANIMAL HOSPITAL, INC.**Current Principal Place of Business:**280 SW 250TH STREET
NEWBERRY, FL 32669**Current Mailing Address:**P.O. BOX 1752
NEWBERRY, FL 32669**FEI Number:** 59-3103249**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BALTZLEY, LANCE
25401 NW 101ST PLACE
HIGH SPRINGS, FL 32643 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 BALTZLEY, LANCE K DR.
Address P.O. BOX 1752
City-State-Zip: NEWBERRY FL 32669

Title S
Name BALTZLEY, LANCE K DR.
Address P.O. BOX 1752
City-State-Zip: NEWBERRY FL 32669

Title V
Name STANLEY, JESSIE
Address 3859 SE 37TH TRAIL
City-State-Zip: TRENTON FL 32693

Title V
Name SPINOSA, RUTH ANN
Address 2636 NW 138TH TERR
City-State-Zip: GAINESVILLE FL 32606

Title CEO
Name HILL, KATIE
Address 25725 SW 18TH AVE
City-State-Zip: NEWBERRY FL 32669

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: LANCE BALTZLEY**PRESIDENT****04/26/2022**

Electronic Signature of Signing Officer/Director Detail

Date