

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V18660

**Entity Name:** ALL CREATURES ANIMAL HOSPITAL, P.A.

**Current Principal Place of Business:**

105 SUNSET LANE  
LUTZ, FL 33549

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC4451483749**

**Current Mailing Address:**

105 SUNSET LANE  
LUTZ, FL 33549 US

**FEI Number: 59-3120483**

**Certificate of Status Desired: No**

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

STOTTLEMYER, ROBERT L  
105 SUNSET LN  
LUTZ, FL 33549 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            DPTS  
Name            STOTTLEMYER, ROBERT L  
Address        3917 ROSWELL PLACE  
City-State-Zip: LAND O'LAKES FL 34639

Title            D  
Name            STOTTLEMYER, TERRY L  
Address        3917 ROSWELL PLACE  
City-State-Zip: LAND O'LAKES FL 34639

*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: ROBERT L STOTTLEMYER**

**PRESIDENT**

**04/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date