

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000096995

Entity Name: SABAL PALM ANIMAL HOSPITAL, P.A.

Current Principal Place of Business:

8595 COLLIER BLVD.
SUITE 110
NAPLES, FL 34114

Current Mailing Address:

8595 COLLIER BLVD.
SUITE 110
NAPLES, FL 34114

FEI Number: 26-3666482

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOTHARD, SHELLEY L
4004 BRUSH LANE
NAPLES, FL 34112 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	GOTHARD, SHELLEY L	Name	LOREMAN, TONYA
Address	4004 BRUSH LANE	Address	2829 50TH ST. SW
City-State-Zip:	NAPLES FL 34112	City-State-Zip:	NAPLES FL 34116

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: SHELLEY L GOTHARD

DIRECTOR

01/09/2017

Electronic Signature of Signing Officer/Director Detail

Date