

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000048938

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** ANIMAL CLINIC OF WINDERMERE, INC.

**Current Principal Place of Business:**

1909 MAGUIRE RD  
1909 MAGUIRE ROAD  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

1909 MAGUIRE RD  
1909 MAGUIRE ROAD  
WINDERMERE, FL 34786

**New Mailing Address:**

FEI Number: 65-1008411

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRAHAM SR, JESSE E  
369 NORTH NEW YORK AVE., 3RD. FLOOR  
WINTER PARK, FL 32789 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: PEARCE, DOUGLAS S  
Address: 9465 WESTOVER ROBERTS ROAD  
City-St-Zip: WINDERMERE, FL 34786

Title: C  
Name: PEARCE, MARY  
Address: 9465 WESTOVER ROBERTS ROAD  
City-St-Zip: WINDERMERE, FL 34786

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: DOUGLAS PEARCE

D

01/05/2012

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date