

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000090606

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** CHIEFLAND VETERINARY SERVICES, P.A.

**Current Principal Place of Business:**

7850 NW 128 LANE  
CHIEFLAND, FL 32626 US

**New Principal Place of Business:**

7850 NW 128 LANE  
1200  
CHIEFLAND, FL 32626 US

**Current Mailing Address:**

DR. NANCY KICHERER  
P.O. BOX 1756  
CHIEFLAND, FL 32644 US

**New Mailing Address:**

**FEI Number:** 81-0582097      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

KICHERER, NANCY E D.V.M.  
7850 NW 128 LANE  
CHIEFLAND, FL 22626 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: DR  
Name: KICHERER, NANCY E D.V.M.  
Address: 7850 NW 128 LANE  
City-St-Zip: CHIEFLAND, FL 32626

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: NANCY KICHERER DVM

OWNE

01/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date