

**2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P95000077035

**FILED  
Jul 13, 2010  
Secretary of State**

**Entity Name:** ALL ANIMAL CLINIC, P.A.

**Current Principal Place of Business:**

5450 MACDONALD AVE.  
SUITE 13  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

5450 MACDONALD AVE  
SUITE 13  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 65-0639997      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BRAMSON, LISA  
5450 MACDONALD AVE.  
SUITE 13  
KEY WEST, FL 33040 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: LISA BRAMSON

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: BRAMSON, LISA  
Address: 5450 MACDONALD AVE; SUITE 13  
City-St-Zip: KEY WEST, FL 33040

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: LISA BRAMSON

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

PRES

07/13/2010

\_\_\_\_\_  
Date