

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000077035

Entity Name: ALL ANIMAL CLINIC, P.A.

FILED  
Jan 25, 2011  
Secretary of State

**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:**

5450 MACDONALD AVE.  
SUITE 13  
KEY WEST, FL 33040

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:

\_\_\_\_\_  
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

DR

01/25/2011

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

\_\_\_\_\_  
Date