

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 371708

**Entity Name:** VETERINARY MEDICAL CLINIC, INC.

**Current Principal Place of Business:**

4241 HENDERSON BLVD.  
TAMPA, FL 33629

**Current Mailing Address:**

4241 HENDERSON BLVD.  
TAMPA, FL 33629

**FEI Number:** 59-1305751

**Certificate of Status Desired:** No

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

GARCIA, EDUARDO  
4241 HENDERSON BLVD.  
TAMPA, FL 33629 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	PD	Title	ST
Name	GARCIA, EDUARDO	Name	SAMPLE, LINDA
Address	4241 HENDERSON BLVD	Address	4241 HENDERSON BLVD
City-State-Zip:	TAMPA FL	City-State-Zip:	TAMPA FL

*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:** BRENDA PEREZ

**PRACTICE MANAGER**

**04/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date