

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000048938

Entity Name: ANIMAL CLINIC OF WINDERMERE, INC.

Current Principal Place of Business:

1909 MAGUIRE RD
1909 MAGUIRE ROAD
WINDERMERE, FL 34786

Current Mailing Address:

1909 MAGUIRE RD
1909 MAGUIRE ROAD
WINDERMERE, FL 34786

FEI Number: 65-1008411

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAHAM SR, JESSE E
369 NORTH NEW YORK AVE., 3RD. FLOOR
WINTER PARK, FL 32789 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	D	Title	C
Name	PEARCE, DOUGLAS S	Name	PEARCE, MARY
Address	9465 WESTOVER ROBERTS ROAD	Address	9465 WESTOVER ROBERTS ROAD
City-State-Zip:	WINDERMERE FL 34786	City-State-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 S. PEARCE

OFFICER/DIRECTOR

03/05/2013

Electronic Signature of Signing Officer/Director Detail

Date