

**2014 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 PEARCE

DR

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date