

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000048938

**Entity Name:** ANIMAL CLINIC OF WINDERMERE, INC.

**Current Principal Place of Business:**

1909 MAGUIRE RD  
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 JR, JESSE E  
200 SOUTH ORANGE AVENUE  
ORLANDO, FL 32801 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:** JESSE GRAHAM JR

03/04/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name PEARCE, DOUGLAS S  
Address 9465 WESTOVER ROBERTS ROAD  
City-State-Zip: WINDERMERE FL 34786

Title C  
Name PEARCE, MARY  
Address 9465 WESTOVER ROBERTS ROAD  
City-State-Zip: WINDERMERE FL 34786

Title HOSPITAL ADMINISTRATOR  
Name HURLOCK, HEATHER  
Address 1909 MAGUIRE RD  
1909 MAGUIRE ROAD  
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:** HEATHER HURLOCK

HOSPITAL  
ADMINISTRATOR

03/04/2019

Electronic Signature of Signing Officer/Director Detail

Date