

**2016 FLORIDA PROFIT CORPORATION REINSTATEMENT**

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:** Yes

**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

01/13/2016

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

PRESIDENT

01/13/2016

Electronic Signature of Signing Officer/Director Detail

Date