# 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.

PRESIDENT

#### SIGNATURE: MILAGROS GONGORA

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P01000117222

Entity Name: DAVID'S ANIMAL CLINIC, INC.

## Current Principal Place of Business:

498 NORTH STATE ROAD 434 SUITE 1000 ALTAMONTE SPRINGS, FL 32714

## **Current Mailing Address:**

130 LEA AVE LONGWOOD, FL 32750 US

## FEI Number: 59-3760455

### Name and Address of Current Registered Agent:

GONGORA, MILAGROS 130 LEA AVE LONGWOOD , FL 32750 US FILED Jan 19, 2023 Secretary of State 7363212373CC

Date

Certificate of Status Desired: Yes

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

## Officer/Director Detail :

Title	Р	Title	OFFICER
Name	GONGORA, MILAGROS	Name	CUEVAS, EDWIN N DR.
Address	130 LEA AVE	Address	130 LEA AVE
City-State-Zip:	LONGWOOD FL 32750	City-State-Zip:	LONGWOOD FL 32750

Date

01/19/2023