

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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:

498 NORTH STATE RD 434
SUITE 1000
ALTAMONTE, FL 32714 US

FEI Number: 59-3760455

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONGORA, MILAGROS
130 LEA AVE
LONGWOOD , FL 32750 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	P	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

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: MILAGROS GONGORA

PRESIDENT

04/05/2018

Electronic Signature of Signing Officer/Director Detail

Date