

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000117320

**Entity Name:** TIFFANY ATTEBERRY, D.V.M., P.A.

**Current Principal Place of Business:**

12808 S. MAGNOLIA AVE.  
OCALA, FL 34473

**Current Mailing Address:**

P.O. BOX 5808  
OCALA, FL 34478 UN

**FEI Number: 82-0570846**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ATTEBERRY, TIFFANY A  
12808 S. MAGNOLIA AVE  
OCALA, FL 34473 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 DR.  
Name ATTEBERRY, TIFFANY  
Address 12808 S. MAGNOLIA  
City-State-Zip: Ocala FL 34473

*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: TIFFANY ATTEBERRY DVM**

**PRESIDENT**

**04/14/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date