

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000084897

Entity Name: ORLANDO VETERINARY CLINIC, INC.

Current Principal Place of Business:

1510 N FERNCREEK AVE
ORLANDO, FL 32803

Current Mailing Address:

PO BOX 533745
ORLANDO, FL 32853 US

FEI Number: 27-3685224

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DO VALLE, SILVIA
1510 N FERNCREEK AVE
ORLANDO, FL 32803 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
Name DO VALLE, SILVIA
Address PO BOX 533745
City-State-Zip: ORLANDO FL 32853

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: SILVIA DO VALLE

PRESIDENT

01/19/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date