

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000084897

Entity Name: ORLANDO VETERINARY CLINIC, INC.

Current Principal Place of Business:

3211 ARDEN VILLAS BLVD
APT 7
ORLANDO, FL 32817

Current Mailing Address:

PO BOX 40
WINDERMERE, FL 34786 US

FEI Number: 27-3685224

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DO VALLE, SILVIA
3211 ARDEN VILLAS BLVD
APT 7
ORLANDO, FL 32817 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 40
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: SILVIA DO VALLE

OWNER

04/23/2013

Electronic Signature of Signing Officer/Director Detail

Date