

**2014 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**

**04/13/2014**

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

\_\_\_\_\_  
Date