## 2016 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

## 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

## Officer/Director Detail :

TitlePNameDO VALLE, SILVIAAddressPO BOX 533745City-State-Zip:ORLANDO FL 32853

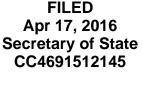
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this 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

04/17/2016 Date

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

Date