

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000028554

Entity Name: AVIAN & EXOTIC CLINIC OF PALM CITY, INC.

Current Principal Place of Business:

4181 SW HIGH MEADOWS AVE.
PALM CITY, FL 34990

Current Mailing Address:

4181 SW HIGH MEADOWS AVE.
PALM CITY, FL 34990

FEI Number: 45-1346394

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPALL, CYNTHIA C
777 SOUTH FLAGLER DRIVE
SUITE 500E
WEST PALM BEACH, FL 33401 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 ROMAGNANO, APRIL
Address 4181 SW HIGH MEADOWS AVE.
City-State-Zip: PALM CITY FL 34990

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: APRIL ROMAGNANO

PRESIDENT

03/31/2015

Electronic Signature of Signing Officer/Director Detail

Date