

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000001179

**Entity Name:** STARKE VETERINARY CLINIC, INC.

**Current Principal Place of Business:**

10334 SE STATE ROAD 100  
STARKE, FL 32091

**Current Mailing Address:**

P O BOX 577  
EARLETON, FL 32631 US

**FEI Number: 46-1674278**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RILEY, ARTHUR MIII  
10334 SE SR 100  
STARKE, FL 32091 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	Title	VP
Name	RILEY, ARTHUR MIII	Name	RILEY, KATHRYN
Address	P O BOX 577	Address	P O BOX 577
City-State-Zip:	EARLETON FL 32631	City-State-Zip:	EARLETON FL 32631

*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: KATHRYN RILEY**

**VP**

**01/09/2014**

Electronic Signature of Signing Officer/Director Detail

Date