

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000075820

**Entity Name:** ALL CREATURES ANIMAL CLINIC, INC.

**Current Principal Place of Business:**

1019 W PIPKIN RD  
LAKELAND, FL 33811

**Current Mailing Address:**

1019 W PIPKIN RD  
LAKELAND, FL 33811

**FEI Number:** 59-3217185

**Certificate of Status Desired:** No

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

LATTER, WILLIAM A  
1019 W PIPKIN RD  
LAKELAND, FL 33811 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	PD	Title	VSTD
Name	LATTER, WILLIAM A	Name	LATTER, SUE A
Address	2711 COVENTRY AVE	Address	2711 COVENTRY AVE
City-State-Zip:	LAKELAND FL 33803	City-State-Zip:	LAKELAND FL 33803

*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:** WILLIAM A. LATTER

**PRESIDENT**

**01/09/2018**

Electronic Signature of Signing Officer/Director Detail

Date