

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000077035

**Entity Name:** ALL ANIMAL CLINIC, P.A.

**Current Principal Place of Business:**

5450 MACDONALD AVE.  
SUITE 13  
KEY WEST, FL 33040

**Current Mailing Address:**

5450 MACDONALD AVE.  
SUITE 13  
KEY WEST, FL 33040

**FEI Number:** 65-0639997

**Certificate of Status Desired:** No

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

BRAMSON, LISA  
5450 MACDONALD AVE.  
SUITE 13  
KEY WEST, FL 33040 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 DR  
Name BRAMSON, LISA  
Address 5450 MACDONALD AVE; SUITE 13  
City-State-Zip: KEY WEST FL 33040

*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:** LISA BRAMSON

DR

02/20/2013

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

\_\_\_\_\_  
Date