

2019 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:

OWENS, 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: LISA OWENS

04/18/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT/CEO
Name OWENS, 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 OWENS

OWNER

04/18/2019

Electronic Signature of Signing Officer/Director Detail

Date