

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000085753

**Entity Name:** ADAM'S ANIMAL CLINIC, INC.

**Current Principal Place of Business:**

6400 S GATOR CREEK BLVD  
ADDRESS 2  
SARASOTA, FL 34241

**Current Mailing Address:**

6400 S GATOR CREEK BLVD  
ADDRESS 2  
SARASOTA, FL 34241 US

**FEI Number:** 65-0952265

**Certificate of Status Desired:** No

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

COHEN, ADAM T  
6400 S GATOR CREEK BLVD  
ADDRESS 2  
SARASOTA, FL 34241 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 COHEN, ADAM T  
Address 6400 S GATOR CREEK BLVD  
ADDRESS 2  
City-State-Zip: SARASOTA FL 34241

*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:** DR ADAM T COHEN

**AGENT**

**01/19/2023**

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

\_\_\_\_\_  
Date