

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V04660

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

**Current Principal Place of Business:**

5660 ASHTON ROAD  
SARASOTA, FL 34233

**Current Mailing Address:**

5660 ASHTON RD.  
SARASOTA, FL 34233

**FEI Number:** 65-0397807

**Certificate of Status Desired:** No

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

WALMSLEY, LAURIE ADVM  
5660 ASHTON ROAD  
SARASOTA, FL 34233 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            D  
Name            WALMSLEY, LAURIE  
Address        PO BOX 17908  
City-State-Zip: SARASOTA FL 34276

*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:** LAURIE A WALMSLEY

**PRESIDENT**

**02/18/2015**

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

\_\_\_\_\_ Date