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' I YNETTE NOE	PRACTICE	03/27/2018	

SIGNATURE: LYNETTE NOE

PRACTICE ADMINISTRATOR

JACKSONVILLE. FL 32257

FEI Number: 59-3131599

Name and Address of Current Registered Agent:

MCMILLIAN, GRANT E 9319 SAN JOSE BLVD. JACKSONVILLE, FL 32257 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	: GRANT MCMILLIAN			03/27/2018
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	PRESIDENT	Title	PRACTICE ADMINISTRATOR	
Name	MCMILLIAN, GRANT E	Name	NOE, LYNETTE	
Address	9319 SAN JOSE BLVD.	Address	9319 SAN JOSE BLVD.	
City-State-Zip:	JACKSONVILLE FL 32257	City-State-Zip:	JACKSONVILLE FL 32257	

2018 FLORIDA PROFIT CORPORATION ANNUAL REI	ORT

DOCUMENT# V47046

Entity Name: SAN JOSE - BEAUCLERC ANIMAL CLINIC, INC.

Current Principal Place of Business:

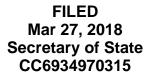
9319 SAN JOSE BLVD. JACKSONVILLE, FL 32257

Current Mailing Address:

9319 SAN JOSE BLVD.

City-State-Zip: JACKSON 3225

Electronic Signature of Signing Officer/Director Detail



Certificate of Status Desired: No

Date