

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2005 08:00 AM
Secretary of State

DOCUMENT # F91357

1. Entity Name
MAXWELL ANIMAL CLINIC, P.A.



Principal Place of Business

3400 DUNDEE ROAD
WINTER HAVEN, FL 33884

Mailing Address

3400 DUNDEE ROAD
WINTER HAVEN, FL 33884

DO NOT WRITE IN THIS SPACE



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number

59-2207333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CASEY, ALLAN L., ESQ.
395 AVE. C. N.W.
WINTER HAVEN, FL 33881

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	NATIONS, LOREN T
STREET ADDRESS	3400 DUNDEE RD
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	P
NAME	MAXWELL, JOHN N DVM
STREET ADDRESS	3400 DUNDEE RD
CITY-ST-ZIP	WINTER HAVEN, FL 33884
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/22/05-80006-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/05 863-324-3340
Date Daytime Phone #