

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G70765

FILED
Jan 04, 2012
Secretary of State

Entity Name: ATLANTIC ANIMAL CLINIC, P.A.

Current Principal Place of Business:

WILSON, JAMES M
35 NE 25 TH AVE
POMPANO BCH, FL 33062 US

New Principal Place of Business:

35 NE 25 TH AVENUE
POMPANO BEACH, FL 33062 US

Current Mailing Address:

WILSON, JAMES M
35 NE 25 TH AVE
POMPANO BCH, FL 33062 US

New Mailing Address:

35 NE 25 TH AVENUE
POMPANO BEACH, FL 33062 US

FEI Number: 59-2348600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, JAMES M
35 NE 25TH AVE
POMPANO BCH, FL 33062 US

Name and Address of New Registered Agent:

WILSON, JAMES M
35 NE 25 TH AVE
POMPANO BCH, FL 33062 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: JAMES M WILSON

01/04/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: WILSON, JAMES M
Address: 35 NE 25TH AVE
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: T
Name: WILSON, JAMES M
Address: 35 NE 25TH AVE
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: S
Name: WILSON, JAMES M
Address: 35 NE 25 TH AVE
City-St-Zip: POMPANO BEACH, FL 33062 US

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: JAMES M WILSON

P

01/04/2012

Electronic Signature of Signing Officer or Director

Date