

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K90806

FILED  
Mar 19, 2012  
Secretary of State

**Entity Name:** WAYNE L. MOGAVERO, D.V.M., P.A.

**Current Principal Place of Business:**

% WAYNE L. MOGAVERO  
11960 KELLY ROAD  
S. FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

% WAYNE L. MOGAVERO  
11960 KELLY ROAD  
S. FORT MYERS, FL 33908

**New Mailing Address:**

**FEI Number:** 65-0122757

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOGAVERO, WAYNE L.  
11960 KELLY ROAD  
S. FORT MYERS, FL 33908 US

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

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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: MOGAVERO, WAYNE L.  
Address: 11960 KELLY RD  
City-St-Zip: FT. MYERS, FL 33908

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: WAYNE L. MOGAVERO

DR

03/19/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date