

K96511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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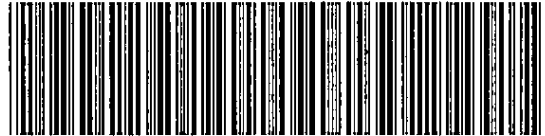
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

FEB 21 2020
S. YOUNG

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FLORIDA MOBILE VETERINARY CLINIC, INC

(Name of Corporation)

DOCUMENT NUMBER: K96511

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

HEIDI NICOLE ANTHONY

(Name of Person)

FLORIDA MOBILE VETERINARY CLINIC, INC

(Name of Firm/Company)

8500 4th Street North

(Address)

St. Petersburg, FL 33702

(City/State and Zip Code)

For further information concerning this matter, please call:

HEIDI NICOLE ANTHONY

(Name of Person)

at (727) 578-9844

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

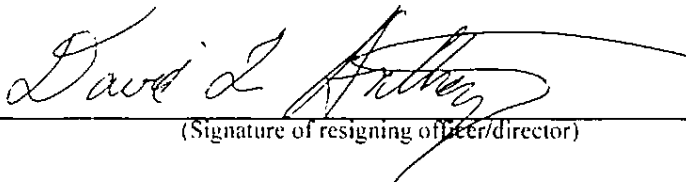
**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, DAVID LEE ANTHONY, D.V.M., hereby resign as DIRECTOR AND PRESIDENT
(Title)

of FLORIDA MOBILE VETERINARY CLINIC, INC.,
(Name of Corporation)

K96511, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 JAN 24 AM 7:29

FILED

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314