

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000000852

FILED
Apr 18, 2012
Secretary of State

Entity Name: ALL HOLISTIC VETERINARY CARE, P.A.

Current Principal Place of Business:

2600-404 SW WILLISTON ROAD
GAINESVILLE, FL 32608 US

New Principal Place of Business:

2600 SW WILLISTON ROAD
#404
GAINESVILLE, FL 32608 US

Current Mailing Address:

2600-404 SW WILLISTON ROAD
GAINESVILLE, FL 32608 US

New Mailing Address:

2600 SW WILLISTON ROAD
#404
GAINESVILLE, FL 32608 US

FEI Number: 11-3801612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PECK, LYNN S
2600-404 SW WILLISTON ROAD
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

PECK, LYNN S
2600 SW WILLISTON ROAD
#404
GAINESVILLE, FL 32608 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:

04/18/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: PECK, LYNN S
Address: 2600-404 SW WILLISTON RD.
City-St-Zip: GAINESVILLE, FL 32608

Title: VP
Name: PECK, LYNN S
Address: 2600-404 SW WILLISTON RD.
City-St-Zip: GAINESVILLE, FL 32608

Title: S
Name: PECK, LYNN S
Address: 2600-404 SW WILLISTON RD.
City-St-Zip: GAINESVILLE, FL 32608 US

Title: T
Name: PECK, LYNN S
Address: 2600-404 SW WILLISTON RD.
City-St-Zip: GAINESVILLE, FL 32608 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: LYNN S. PECK, DVM, MS

P

04/18/2012

Electronic Signature of Signing Officer or Director

Date