

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000094803

FILED
Oct 02, 2014
Secretary of State

Entity Name: ANIMAL CLINIC AT WELLINGTON RESERVE INC.

Current Principal Place of Business:

13048 86TH RD N
WEST PALM BEACH, FL 33412

New Principal Place of Business:

1039 STATE RD 7
ST. 103
WELLINGTON, FL 33414

Current Mailing Address:

13048 86TH RD N
WEST PALM BEACH, FL 33412

New Mailing Address:

1039 STATE RD 7
ST. 103
WELLINGTON, FL 33414

FEI Number: 26-1175079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABBOTT, LINDA DVM
10130 NORTHLAKE BLVD.
ST. 114
WEST PALM BEACH, FL 33412 US

Name and Address of New Registered Agent:

ABBOTT, LINDA DVM
1039 STATE RD 7
ST. 103
WELLINGTON, FL 33414 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: LINDA ABBOTT, DVM

10/02/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PVPS
Name: ABBOTT, LINDA DVM
Address: 13048 86TH RD N
City-St-Zip: WEST PALM BEACH, FL 33412

Title: D
Name: ABBOTT, LINDA DVM
Address: 1039 STATE RD 7, ST 103
City-St-Zip: WELLINGTON, FL 33414

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: LINDA ABBOTT, DVM

DR.

10/02/2014

Electronic Signature of Signing Officer or Director

Date