

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000028554

FILED
Apr 23, 2012
Secretary of State

Entity Name: AVIAN & EXOTIC CLINIC OF PALM CITY, INC.

Current Principal Place of Business:

4181 SW HIGH MEADOWS AVE.
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

4181 SW HIGH MEADOWS AVE.
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 45-1346394

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPALL, CYNTHIA C
777 SOUTH FLAGLER DRIVE
SUITE 500E
WEST PALM BEACH, FL 33401 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: P
Name: ROMAGNANO, APRIL
Address: 4181 SW HIGH MEADOWS AVE.
City-St-Zip: PALM CITY, FL 34990

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: APRIL ROMAGNANO

P

04/23/2012

Electronic Signature of Signing Officer or Director

_____ Date