

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P99000065173

Entity Name: ANIMAL CLINIC 192, INC.

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2840 E. IRLO BRONSON HWY  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

2840 E. IRLO BRONSON HWY  
KISSIMMEE, FL 34744

**New Mailing Address:**

FEI Number: 65-0939022

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ACKERMAN, CLIFTON W  
2840 E. IRLO BRONSON HWY  
KISSIMMEE, FL 34744 US

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

ACKERMAN, CLIFTON W DR  
2840 E. IRLO BRONSON HWY  
KISSIMMEE, FL 34744 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: DR. CLIFTON W. ACKERMAN

04/12/2010

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: ACKERMAN, CLIFTON W DVM  
Address: 2840 E IRLO BRONSON HWY  
City-St-Zip: KISSIMMEE, FL 34744

Title: DR  
Name: ACKERMAN, JOY T DVM  
Address: 2840 E IRLO BRONSON HWY  
City-St-Zip: KISSIMMEE, FL 34744

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: CLIFTON W. ACKERMAN, DVM

DR

04/12/2010

Electronic Signature of Signing Officer or Director

Date