

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V39581

**FILED**  
**Jan 22, 2012**  
**Secretary of State**

**Entity Name:** WILSON VETERINARY CLINIC, INC.

**Current Principal Place of Business:**

12408 42ND AVE DR WEST  
CORTEZ, FL 34215

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 188  
CORTEZ, FL 342150189 US

**New Mailing Address:**

**FEI Number:** 65-0334057

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, CLAY  
12408 42ND AVE DR WEST  
CORTEZ, FL 34215 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: PSTD  
Name: WILSON, CLAY  
Address: 12408 42ND AVE DR WEST  
City-St-Zip: CORTEZ, FL 34215

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: CLAY WILSON

PRED

01/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date