

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604700

Entity Name: ANIMAL MEDICAL CLINIC (GODWIN AND JOINER), P.A.**Current Principal Place of Business:**4020 S. BABCOCK STREET
MELBOURNE, FL 32901**Current Mailing Address:**4020 S. BABCOCK STREET
MELBOURNE, FL 32901 US**FEI Number:** 59-1483983**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOINER, STEPHEN M.
4020 S. BABCOCK STREET
MELBOURNE, FL 32901 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:** STEPHEN JOINER

04/13/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

| | |
|-----------------|------------------------|
| Title | PD |
| Name | GODWIN, JEFFREY S. DVM |
| Address | 4020 S. BABCOCK ST. |
| City-State-Zip: | MELBOURNE FL 32901 |

| | |
|-----------------|------------------------|
| Title | VD |
| Name | JOINER, STEPHEN M. DVM |
| Address | 4020 S. BABCOCK ST. |
| City-State-Zip: | MELBOURNE FL 32901 |

| | |
|-----------------|-------------------------|
| Title | SD |
| Name | THOMSON, MICHAEL J. DVM |
| Address | 4020 S. BABCOCK STREET |
| City-State-Zip: | MELBOURNE FL 32901 |

| | |
|-----------------|------------------------|
| Title | TD |
| Name | YOUNG, ROBERT E. DVM |
| Address | 4020 S. BABCOCK STREET |
| City-State-Zip: | MELBOURNE FL 32901 |

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: JEFFREY GODWIN

PD

04/13/2022

Electronic Signature of Signing Officer/Director Detail

Date