

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F40196

**Entity Name:** WILLIAM H. LOVETT, JR., D.V.M., P.A.

**Current Principal Place of Business:**

1927 US HWY 17 NORTH  
WAUCHULA, FL 33873

**Current Mailing Address:**

1927 US HWY 17 NORTH  
WAUCHULA, FL 33873 US

**FEI Number:** 59-2093856

**Certificate of Status Desired:** No

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

LOVETT, WILLIAM H. JR.  
1927 US HWY 17 NORTH  
WAUCHULA, FL 33873 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PVD  
Name LOVETT, WILLIAM H., JR.  
Address 1927 US HWY 17 NORTH  
City-State-Zip: WAUCHULA FL 33873

Title ST  
Name LOVETT, PAMELA  
Address 1927 US HWY 17 NORTH  
City-State-Zip: WAUCHULA FL 33873

*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:** PAMELA LOVETT

**SEC/TR**

**01/26/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date