

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F45714

**Entity Name:** DAVID J. ANDRIX, D.V.M.,P.A.

**Current Principal Place of Business:**

DAVID J ANDRIX, D.V.M., P.A.  
20 EAST 13TH STREET  
ST CLOUD, FL 34769

**Current Mailing Address:**

DAVID J ANDRIX, D.V.M., P.A.  
20 EAST 13TH STREET  
ST CLOUD, FL 34769 US

**FEI Number:** 59-2137647

**Certificate of Status Desired:** No

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

ANDRIX, DAVID J., D.V.M., P.A.  
20 EAST 13TH STREET  
ST CLOUD, FL 34769 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 PD  
Name ANDRIX, DAVID J  
Address 20 EAST 13TH STREET  
City-State-Zip: ST CLOUD FL

Title SECRETARY  
Name MCDONALD, ALIKA RACHELL  
Address DAVID J ANDRIX, D.V.M., P.A.  
20 EAST 13TH STREET  
City-State-Zip: ST CLOUD FL 34769

*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:** ALIKA MCDONALD

**SECRETARY**

**01/30/2024**

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

\_\_\_\_\_  
Date