

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L40564

**Entity Name:** LAKE OSBORNE ANIMAL CLINIC, INC.

**Current Principal Place of Business:**

1502 LAKE OSBORNE DR  
LAKE WORTH, FL 33461

**Current Mailing Address:**

1502 LAKE OSBORNE DR  
LAKE WORTH, FL 33461 US

**FEI Number:** 65-0163973

**Certificate of Status Desired:** No

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

LYNCH, JOHN T DVM  
1502 LAKE OSBORNE DR  
LAKE WORTH, FL 33461 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:** JOHN T LYNCH DVM

03/15/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name LYNCH, JOHN T DVM  
Address 1502 LAKE OSBORNE DR  
City-State-Zip: LAKE WORTH FL 33461

Title O  
Name LYNCH, RUTH C  
Address 1502 LAKE OSBORNE DR  
City-State-Zip: LAKE WORTH FL 33461

*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:** JOHN T LYNCH DVM

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03/15/2024

Electronic Signature of Signing Officer/Director Detail

Date