

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000151480

**Entity Name:** ANIMAL CANCER CARE CLINIC, P.A.

**Current Principal Place of Business:**

1122 NE 4TH AVE  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

1122 NE 4TH AVE  
FORT LAUDERDALE, FL 33304

**FEI Number:** 20-0485260

**Certificate of Status Desired:** No

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

COLEMAN, WILLIAM TESQ  
BRINKLEY,MCNERNEY,MORGA,SOLOMON & TATUM LL  
200 E LAS OLAS BLVD 19 FLR  
FT LAUDERDALE, FL 33301 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            D  
Name            CORREA, STEPHANIE DVM  
Address        1122 NE 4TH AVE  
City-State-Zip: FORT LAUDERDALE FL 33304

Title            D  
Name            CORREA, ANTONIO  
Address        1122 NE 4TH AVE  
City-State-Zip: FORT LAUDERDALE FL 33304

*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:** ANTONIO CORREA

**DIRECTOR**

**02/23/2015**

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

\_\_\_\_\_  
Date