

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000152216

**Entity Name:** THOMPSON'S VETERINARY CENTER, P.A.

**Current Principal Place of Business:**

3631 HWY 60 EAST  
LAKE WALES, FL 33898

**Current Mailing Address:**

3631 HWY 60 EAST  
LAKE WALES, FL 33898

**FEI Number:** 20-0493891

**Certificate of Status Desired:** No

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

THOMPSON, RICHARD BRIAN  
3631 HWY 60 EAST  
LAKE WALES, FL 33898 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 DR  
Name THOMPSON, CAROL ANN  
Address 3631 HWY 60 EAST  
City-State-Zip: LAKE WALES FL 33898

*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:** CAROL ANN THOMPSON

**PRESIDENT**

**02/09/2014**

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

\_\_\_\_\_  
Date