

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000094803

Entity Name: ANIMAL CLINIC AT WELLINGTON RESERVE INC.

Current Principal Place of Business:

1039 STATE RD 7
ST. 103
WELLINGTON, FL 33414

Current Mailing Address:

1039 STATE RD 7
ST. 103
WELLINGTON, FL 33414

FEI Number: 26-1175079

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ABBOTT, LINDA DVM
1039 STATE RD 7
ST. 103
WELLINGTON, FL 33414 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 PVPS
Name ABBOTT, LINDA DVM
Address 13048 86TH RD N
City-State-Zip: WEST PALM BEACH FL 33412

Title D
Name ABBOTT, LINDA DVM
Address 1039 STATE RD 7, ST 103
City-State-Zip: WELLINGTON FL 33414

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: LINDA ABBOTT, DVM

OWNER

01/15/2016

Electronic Signature of Signing Officer/Director Detail

Date