

**2021 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 D ABBOTT

**OWNER**

**03/15/2021**

Electronic Signature of Signing Officer/Director Detail

Date