

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000036173

Entity Name: OLGA OLIVER, D.V.M, P.A.

Current Principal Place of Business:

5045 MIDNIGHT PASS
SARASOTA, FL 34242

Current Mailing Address:

5045 MIDNIGHT PASS
SARASOTA, FL 34242 US

FEI Number: 36-4671078

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OLIVER, OLGA
5045 MIDNIGHT PASS
SARASOTA, FL 34242 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 P
Name OLIVER, OLGA DR.
Address 5045 MIDNIGHT PASS
City-State-Zip: SARASOTA FL 34242

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: OLGA OLIVER

PRESIDENT

04/13/2015

Electronic Signature of Signing Officer/Director Detail

Date