

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000054801

**Entity Name:** VETERINARY MEDICAL CENTER OF ST. LUCIE COUNTY, INC.

**Current Principal Place of Business:**

7790 S US HIGHWAY 1  
PORT ST. LUCIE, FL 34952

**Current Mailing Address:**

7790 S US HIGHWAY 1  
PORT ST. LUCIE, FL 34952 US

**FEI Number:** 45-2531223

**Certificate of Status Desired:** No

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

GERAGHTY, MICHAEL E  
2521 S INDIAN RIVER DRIVE  
FORT PIERCE, FL 34950 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 DPST  
Name GERAGHTY, MICHAEL E  
Address 2521 S INDIAN RIVER DRIVE  
City-State-Zip: FORT PIERCE FL 34950

*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:** MICHAEL E. GERAGHTY

**PRESIDENT**

**03/03/2021**

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

\_\_\_\_\_  
Date