

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000054801

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

**Current Principal Place of Business:**

4001 OAK HAMMOCK LANE  
FORT PIERCE, FL 34981

**Current Mailing Address:**

4001 OAK HAMMOCK LANE  
FORT PIERCE, FL 34981 US

**FEI Number:** 45-2531223

**Certificate of Status Desired:** No

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

GERAGHTY, MICHAEL E  
4001 OAK HAMMOCK LANE  
FORT PIERCE, FL 34981 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 4001 OAK HAMMOCK LANE  
City-State-Zip: FORT PIERCE FL 34981

*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

**MANAGER**

**03/07/2016**

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

\_\_\_\_\_  
Date