

2015 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

MGR

04/20/2015

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date