

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000066450

Entity Name: O P FLORIDA EQUINE PRACTICE PA

Current Principal Place of Business:

710 SHORE DRIVE EAST
OLDSMAR, FL 34677

Current Mailing Address:

PO BOX 1832
OLDSMAR, FL 34677 US

FEI Number: 20-1644313

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, FRAZER
6657 PEMBROKE ROAD
PEMBROKE PINES, FL 33023 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 PARALITICCI, ORLANDO LDVM
Address 710 SHORE DRIVE EAST
City-State-Zip: OLDSMAR FL 34677

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: ORLANDO PARALITICCI

P

03/31/2018

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date