

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000002813

Entity Name: VETERINARIAN CLINICS OF FLORIDA, INC.**Current Principal Place of Business:**5500 OAKWOOD ROAD
PLANTATION, FL 33317**Current Mailing Address:**5500 OAKWOOD ROAD
PLANTATION, FL 33317 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BASI, BART
603 LONGBOAT CLUB RD
#101
LONGBOAT KEY, FL 34228 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	CAMILO, PAUL
Address	5500 OAKWOOD ROAD
City-State-Zip:	PLANTATION FL 33317

Title	VP
Name	MARQUEZ, LUIS
Address	1610 NW 118 TERRACE
City-State-Zip:	PEMBROKE PINES FL 33026

Title	SEC
Name	SCOTT, CHRIS
Address	9 NE LOFTING WAY
City-State-Zip:	STUART FL 34996

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: PAUL CAMILO

PRESIDENT

01/16/2020

Electronic Signature of Signing Officer/Director Detail_____
Date