

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000063444

**Entity Name:** UNIVERSITY ANIMAL CLINIC, INC.

**Current Principal Place of Business:**

8239 COOPER CREEK BLVD  
UNIVERSITY PARK, FL 34201

**Current Mailing Address:**

7816 SADDLE CREEK TRAIL  
SARASOTA, FL 34241

**FEI Number:** 65-0433204

**Certificate of Status Desired:** No

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

RILL, SANDRA I  
7816 SADDLE CREEK TRAIL  
SARASOTA, FL 34241 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            RILL, ROBERT W  
Address        7816 SADDLE CREEK TRAIL  
City-State-Zip: SARASOTA FL

Title            V  
Name            RILL, SANDRA I  
Address        7816 SADDLE CREEK TRAIL  
City-State-Zip: SARASOTA FL

*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:** ROBERT W RILL

**PRESIDENT**

**03/28/2013**

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

\_\_\_\_\_  
Date