2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2014
Secretary of State
CC2672355875

DOCUMENT# P96000102956

Entity Name: DADE CITY ANIMAL CLINIC, P.A.

Current Principal Place of Business:

13117 HWY 301 SOUTH
DADE CITY, FL 33525

Current Mailing Address:

P.O. BOX 528
DADE CITY, FL 33526 US

FEI Number: 59-3415174

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAYLOR, CHESTER WIII
13117 HWY 301 SOUTH
DADE CITY, FL 33525 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	Title	DVP
Name	TAYLOR, CHESTER WIII	Name	TAYLOR, BECKY K
Address	P.O. BOX 503, 13117 HWY 301	Address	P.O. BOX 503, 13117 HWY 301
City-State-Zip:	DADE CITY FL 33526	City-State-Zip:	DADE CITY FL 33526

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: CHESTER TAYLOR DPST 01/20/2014

Electronic Signature of Signing Officer/Director Detail — Date