

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000010565

**Entity Name:** SPRING GARDEN EQUINE CLINIC, INC.

**Current Principal Place of Business:**

5433 ARAGON AVE  
DELEON SPRINGS, FL 32130

**Current Mailing Address:**

POST OFFICE BOX 937  
DELEON SPRINGS, FL 32130

**FEI Number:** 59-3492087

**Certificate of Status Desired:** No

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

OAKLEY, SUZAN CD.V.M.  
5433 ARAGON AVE  
DELEON SPRINGS, FL 32130 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:**

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Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DR  
Name OAKLEY, SUZAN CD.V.M.  
Address 5433 ARAGON AVE  
City-State-Zip: DELEON SPRINGS FL 32130

*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:** SUZAN C OAKLEY

**OWNER**

**04/21/2015**

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Electronic Signature of Signing Officer/Director Detail

Date