

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000010565

Entity Name: SPRING GARDEN EQUINE CLINIC, INC.

Current Principal Place of Business:

19470 CAPET CREEK CT
LOXAHATCHEE, FL 33470

Current Mailing Address:

POST OFFICE BOX 388
LOXAHATCHEE, FL 33470 US

FEI Number: 59-3492087

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

OAKLEY, SUZAN C D.V.M.
19470 CAPET CREEK CT
LOXAHATCHEE, FL 33470 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: SUZAN C OAKLEY DVM

04/27/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DR
Name OAKLEY, SUZAN CD.V.M.
Address 19470 CAPET CREEK CT
City-State-Zip: LOXAHATCHEE FL 33470

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

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date