

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V39581

Entity Name: WILSON VETERINARY CLINIC, INC.

Current Principal Place of Business:

12408 42ND AVE DR WEST
CORTEZ, FL 34215

Current Mailing Address:

POST OFFICE BOX 188
CORTEZ, FL 34215-0189 US

FEI Number: 65-0334057

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, CLAY
12408 42ND AVE DR WEST
CORTEZ, FL 34215 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 PSTD
Name WILSON, CLAY
Address 12408 42ND AVE DR WEST
City-State-Zip: CORTEZ FL 34215

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: CLAY WILSON

PRESIDENT

01/18/2013

Electronic Signature of Signing Officer/Director Detail

Date