CSCL/CD-2500pc (01/20)

DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS PROFIT CORPORATION ANNUAL REPORT

800977962	Corporation Name HALL VETERINARY CLINIC, P.C.	
Resident agent name and mailing address of	of the registered office	
SUSAN HALL 314 N CENTER GAYLORD, MI 49735	FILED	TranInfo:2 24161335-1 08/10/2 Chk#: 13986 Amt: \$25.0 ID: 800977962
The address of the registered office	MAR 2 0 20	
314 N CENTER GAYLORD, MI 49735	Corporation D	olvision
	GES from the previously filed report, checker and shall be completed if box is checked and shall be completed.	
Change mailing address of registered office	in MICHIGAN (can be a P O Box) 2	Change resident agent
Change the address of the registered office i	in MICHIGAN (<u>cannot</u> be a P O Box)	

City

3/4/20

State

Phone (Optional)

Zip Code

Filing	Fee:	\$25.	00

REQUIRED

If

different than

Officers

Report due May 15, 2020.

If received by agency after May 15, penalty fees will be assessed.

Online www.michigan.gov/corpfileonline

Name

Secretary (If different than president)

Treasurer (If different than president)

President

Director

Director

Director

Director

6 Signature of authorized officer or agent

Save time by filing online You will get an immediate response and you can elect to receive future notices by email to the resident agent. The agent will also be sent an email when a document is filed, or a CID/PIN is requested. You will need your Customer ID number (CID) and PIN, which can be obtained using the CID/PIN recovery page at www.michigan.gov/corppin

Mail: Return completed report with a check or money order payable to the State of Michigan to Corporations Division, P O Box 30702, Lansing, MI 48909 (517) 241-6470

Address

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If more space is needed, additional pages may be included. Do not staple any items to the report. Required by Section 911, 1972 PA 284, as amended Failure to file this report may result in the dissolution of the corporation. Late filing will result in penalty fees