CSCL/CD-2500pc (01/21)

## DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS PROFIT CORPORATION ANNUAL REPORT

2021

Phone (Optional)

5/1/21

Due May 15	5, 2021 File O	nline at www.michigan.gov/corpfi		
Identification N		Corporation Name HALL VETERINARY CLINIC, P.C.		
Resident agent name and mailing address of the registered office				
	SUSAN HALL 314 N CENTER GAYLORD, MI 49735	FILED	TranInfo:2 24685122-1 Chk#: 4079 Amt: \$25.0 ID: 800977962	)5/06/21 )
MAY 26 2021				
314 N	f the registered office CENTER ORD, MI 49735	CORPORATIONS DIVISIO	N	
To certify there are NO CHANGES from the previously filed report, check this box and PROCEED TO ITEM 6 for signature. No other sections can be completed if box is checked and shareholder list is not required.				
1 Change mailing address of registered office in MICHIGAN (can be a P O Box)  2 Change resident agent				
3 Change the add	dress of the registered office	in MICHIGAN ( <u>cannot</u> be a P O Box)		
Describe the go	eneral nature and kind of bus	iness in which the corporation engaged in during	the year covered by this report (REQUIRED)	
5 NAME and BUS		DRESS of officers and directors (REQUIRED)	State Zip Code	
	Name President	Address City	State Zip Code	<u>.</u>
REQUIRED	Secretary (If different than president)			. <u></u>
	Treasurer (If different than president)	· · · · · · · · · · · · · · · · · · ·		
If different than Officers	Director	<del></del>	· • · · · · · · · · · · · · · · · · · ·	<u> </u>
	Director			
	Director			
	Director			

Filing Fee: \$25.00

Report due May 15, 2021.

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

## Submit

Online: www.michigan.gov/corpfileonline

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.

mesi dat

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

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.