

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 600785

FILED  
Jan 26, 2012  
Secretary of State

**Entity Name:** MCABEE VETERINARY HOSPITAL P A

**Current Principal Place of Business:**

4586 PALMETTO AVE  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

4586 PALMETTO AVE  
WINTER PARK, FL 32792

**New Mailing Address:**

FEI Number: 59-1227427

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCABEE, JEFFREY Y  
4235 S. JODPHN  
OVEIDO, FL 32765 US

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

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

**OFFICERS AND DIRECTORS:**

Title: S  
Name: MCABEE, JEFFREY Y  
Address: 4235 S. JODPHOR  
City-St-Zip: OVEIDO, FL 32765

Title: V  
Name: MCABEE, TERRI G.  
Address: 5717 ROCKING HORSE RD.  
City-St-Zip: ORLANDO, FL

Title: P  
Name: MCABEE, SCOTT W.  
Address: 5717 ROCKING HORSE RD.  
City-St-Zip: ORLANDO, FL

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: SCOTT W. MCABEE

DR.

01/26/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date