

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98231

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** SHAW AND SIMON, D.V.M.'S, INC.

**Current Principal Place of Business:**

13221 N DALE MABRY HIGHWAY  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

13221 N DALE MABRY HIGHWAY  
TAMPA, FL 33618

**New Mailing Address:**

FEI Number: 59-2229575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIMON, ARTHUR M  
13221 N DALE MABRY HWY  
TAMPA, FL 33618 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: DS  
Name: SIMON, ARTHUR M  
Address: 13221 N DALE MABRY HWY  
City-St-Zip: TAMPA, FL

Title: DP  
Name: SHAW, BRIAN M, DVM  
Address: 13221 N DALE MABRY HWY  
City-St-Zip: TAMPA, FL

Title: DT  
Name: FLICKER, GARY P  
Address: 13221 N DALE MABRY HWY  
City-St-Zip: TAMPA, 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: ARTHUR SIMON

DS

04/27/2011

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

\_\_\_\_\_ Date