

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G50749

FILED
Jan 05, 2011
Secretary of State

Entity Name: SIMMONS' SAND LAKE ANIMAL CLINIC, P.A.

Current Principal Place of Business:

C/O LELAND SIMMONS
8932 S APOPKA-VINELAND RD
ORLANDO, FL 328365721

New Principal Place of Business:

Current Mailing Address:

C/O LELAND SIMMONS
8932 S APOPKA-VINELAND RD
ORLANDO, FL 328365721

New Mailing Address:

FEI Number: 59-2329977

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMMONS, LELAND D.
8932 SOUTH APOPKA-VINELAND ROAD
ORLANDO, FL 32836 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: DP
Name: SIMMONS, LELAND D
Address: 8932 S APOPKA-VINELAND
City-St-Zip: ORLANDO,, FL 32836

Title: D
Name: SIMMONS, JUDITH A.
Address: 8932 SO. APOPKA-VINELAND
City-St-Zip: ORLANDO, FL 32836

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: LELAND D. SIMMONS

DP

01/05/2011

Electronic Signature of Signing Officer or Director

Date