

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J98654

FILED  
Feb 14, 2012  
Secretary of State

**Entity Name:** BAY ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

C/O RANDY DEAN EUBANKS  
2003 E. BUSINESS HWY. 98  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RANDY DEAN EUBANKS  
2003 E. BUSINESS HWY. 98  
PANAMA CITY, FL 32401

**New Mailing Address:**

**FEI Number:** 59-2833814      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

EUBANKS, RANDY DEAN  
2003 E. BUSINESS HWY. 98  
PANAMA CITY, FL 32401      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:** PD  
**Name:** EUBANKS, RANDY DEAN  
**Address:** 3537 E 43RD STREET  
**City-St-Zip:** PANAMA CITY, FL 32404

**Title:** TD  
**Name:** EUBANKS, LINDA  
**Address:** 3537 E 43RD STREET  
**City-St-Zip:** PANAMA CITY, FL 32404

**Title:** VD  
**Name:** BALL, JAMES H.  
**Address:** RT. 1, BOX 1351  
**City-St-Zip:** PANAMA CITY, FL 32404

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: RANDY EUBANKS

PRES

02/14/2012

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

\_\_\_\_\_ Date