

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L16884

FILED  
Mar 30, 2011  
Secretary of State

**Entity Name:** FLAGLER ANIMAL HOSPITAL, P.A.

**Current Principal Place of Business:**

130 OLD KINGS ROAD, SOUTH  
FLAGLER BEACH, FL 32136 US

**New Principal Place of Business:**

**Current Mailing Address:**

130 OLD KINGS ROAD, SOUTH  
FLAGLER BEACH, FL 32136 US

**New Mailing Address:**

FEI Number: 59-2965991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CROTTY, KATHLEEN  
CROTTY & BARTLETT, PA  
1825 BUSINESS PARK BLVD. STE A  
DAYTONA BEACH, FL 32114 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: TATE, ROBERT G.  
Address: 5690 JOHN ANDERSON HWY  
City-St-Zip: FLAGLER BEACH, FL 32136

Title: SC  
Name: TATE, SUSAN  
Address: 5690 JOHN ANDERSON HWY  
City-St-Zip: FLAGLER BEACH, FL 32136

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: ROBERT G TATE

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

PRES

03/30/2011

\_\_\_\_\_  
Date