2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2011
Secretary of State

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Entity Name: ST. FRANCIS HOUSE PET CARE CLINIC, INC.

Current Principal Place of Business:

413 SOUTH MIAN STREET
GAINESVILLE, FL 32601

New Principal Place of Business:

Current Mailing Address:

PO BOX 358462
GAINESVILLE, FL 326358462

New Mailing Address:

FEI Number: 27-1590456 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAPLAN-STEIN, DALE DR DVM
229 NW 75TH ST
GAINESVILLE, FL 32760 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: KAPLAN-STEIN, DALE DR DVM
Address: 229 NW 75TH ST
City-St-Zip: GAINESVILLE, FL 32607

Title: DV
Name: MACHEN, CHRIS
Address: 2233 NW 8TH AVE
City-St-Zip: GAINESVILLE, FL 62603

Title: DT
Name: GIBSON, MARY
Address: 3426 NW 22ND TERRACE
City-St-Zip: GAINESVILLE, FL 32605

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DALE KAPLAN STEIN DP 01/12/2011

Electronic Signature of Signing Officer or Director Date