

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000104303

FILED  
Apr 04, 2006  
Secretary of State

Entity Name: SOUTHWOOD ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

2520 CAPITAL CIRCLE S.E  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

**Current Mailing Address:**

1881-B N. MARTIN LUTHER KING BOULEVARD  
TALLAHASSEE, FL 32303

**New Mailing Address:**

FEI Number: 55-0876699      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MANAUSA, DANIEL E  
3520 THOMASVILLE ROAD  
FOURTH FLOOR  
TALLAHASSEE, FL 32309 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: KASPER, SHERRI L  
Address: 1881-B N. MARTIN LUTHER KING BLVD.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D      ( ) Delete  
Name: BRUMFIELD, KEVIN  
Address: 1881-B N. MARTIN LUTHER KING BLVD.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D      ( ) Delete  
Name: BROWN, SONDR  
Address: 1881-B N. MARTIN LUTHER KING BLVD.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D      ( ) Delete  
Name: MOODOYAN, JULIE  
Address: 1881-B N. MARTIN LUTHER KING BLVD.  
City-St-Zip: TALLAHASSEE, FL 32303

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JULIE MOODOYAN

DIRE

04/04/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date