

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000104303

FILED  
Feb 24, 2011  
Secretary of State

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

**Current Principal Place of Business:**

2528 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

**OFFICERS AND DIRECTORS:**

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

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

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

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

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: SONDR BROWN

PRES

02/24/2011

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

\_\_\_\_\_ Date