

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000104303

FILED
Apr 26, 2012
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

_____ Electronic Signature of Signing Officer or Director

OWNE

04/26/2012

_____ Date