

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142462

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** BIOVANCE ANIMAL HEALTH, INCORPORATED

**Current Principal Place of Business:**

8282 SHADOW WOOD  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

8282 SHADOW WOOD  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

**FEI Number:** 20-3557683

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SUDDUTH, DIANE DVM  
8282 SHADOW WOOD BLVD  
CORAL SPRINGS, FL 33071 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: P  
Name: PIECHOCKI, WILLIAM E  
Address: 8282 SHADOW WOOD BLVD  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP  
Name: SUDDUTH, DIANE DVM  
Address: 8282 SHADOW WOOD BLVD  
City-St-Zip: CORAL SPRINGS, FL 33071

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: DIANE SUDDUTH

VP

04/20/2011

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

\_\_\_\_\_  
Date