2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: ARK ANIMAL HOSPITAL OF POLK COUNTY, INC.

Current Principal Place of Business:

4648 E. HIGHWAY 540A
LAKELAND, FL 33813 US

New Principal Place of Business:

Current Mailing Address:

4648 E. HIGHWAY 540A
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 27-3337444 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCDANIEL, MARY A
597 THORNBURG ROAD
BABSON PARK, FL 33827 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: MCDANIEL, MARY A
Address: 597 THORNBURG ROAD
City-St-Zip: BABSON PARK, FL 33827 US

Title: VP
Name: FRANKS, TIMOTHY J
Address: 919 SUGAR PLACE
City-St-Zip: LAKELAND, FL 33801 US

Title: S
Name: MCDANIEL, MARY A
Address: 597 THORNBURG ROAD
City-St-Zip: BABSON PARK, FL 33827 US

Title: T
Name: MCDANIEL, MARY A
Address: 597 THORNBURG ROAD
City-St-Zip: BABSON PARK, FL 33827 US

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: MARY A. MCDANIEL PST 04/01/2011

Electronic Signature of Signing Officer or Director Date