

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000058984

FILED
Feb 19, 2011
Secretary of State

Entity Name: NORTH SHORE ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

14487 N. CLEVELAND AVENUE
NORTH FORT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

14487 N. CLEVELAND AVENUE
NORTH FORT MYERS, FL 33903

New Mailing Address:

14487 N. CLEVELAND AVENUE
NORTH FORT MYERS, FL 33903 US

FEI Number: 65-0433561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SENSEMAN-KINCADE, TERESA A
14487 N. CLEVELAND AVENUE
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

POWELL, SHARON J
14487 N. CLEVELAND AVENUE
NORTH FORT MYERS, FL 33903 US

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: SHARON J. POWELL

02/19/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST
Name: SENSEMAN, LOIS ANN
Address: 14487 N. CLEVELAND AVENUE
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: DP
Name: POWELL, SHARON J
Address: 14487 N. CLEVELAND AVENUE
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: DV
Name: SENSEMAN-KINCADE, TERESA ANN
Address: 14487 N. CLEVELAND AVENUE
City-St-Zip: NORTH FORT MYERS, FL 33903 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: SHARON J. POWELL

DP

02/19/2011

Electronic Signature of Signing Officer or Director

Date