

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000018312

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Entity Name:** BAYSIDE HOSPITAL FOR ANIMALS, INC.

**Current Principal Place of Business:**

251 N.E. RACETRACK ROAD  
FT. WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

251 N.E. RACETRACK ROAD  
FT. WALTON BEACH, FL 32547

**New Mailing Address:**

**FEI Number:** 59-3232682

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOWNSEND, FORREST  
251 N.E. RACETRACK ROAD  
FT. WALTON BEACH, FL 32547 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: TOWNSEND, FORREST I  
Address: 251 N.E. RACETRACK ROAD  
City-St-Zip: FT. WALTON BEACH, FL 32547

Title: VP  
Name: TOWNSEND, SALLY L  
Address: 251 N.E. RACETRACK ROAD  
City-St-Zip: FT. WALTON BEACH, FL 32547

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: SALLY L. TOWNSEND

VP

01/07/2011

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

\_\_\_\_\_ Date