2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000059204

Entity Name: ANIMAL HOSPITAL OF PENSACOLA, INC.

FILED Feb 22, 2011 Secretary of State

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|---|----------------------------------|-----------------------------------|--------------------------------------|--|
| Current Principal Place of Business: | | New Principal Place of | New Principal Place of Business: | |
| 5001 N 12 AVE PENSACOLA, FL 32504 | US | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 5001 N 12 AVE PENSACOLA, FL 32504 | US | | | |
| FEI Number: 59-3262702 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | New Registered Agent: | |
| HESS, BRIAN D 9108 FRONT BEACH RD PANAMA CITY BEACH, F | L 32408 US | | | |
| The above named entity so in the State of Florida. | ubmits this statement for the pu | urpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electronic | c Signature of Registered Ager | nt | Date | |
| OFFICERS AND DIRECT | ORS: | | | |
| Title: D | | | | |

Name: CARLOS, THOMAS E Address: 5001 N 12 AVE

City-St-Zip: PENSACOLA, FL 32504 US

Title: D

Name: CARLOS, CAROLINE
Address: 210 TALMAGE ROAD
City-St-Zip: MENDHAM, NJ 07945 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: THOMAS E CARLOS D 02/22/2011