

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000087183

FILED  
Apr 25, 2011  
Secretary of State

Entity Name: SHAFFER ANIMAL HOSPITAL, P.A.

**Current Principal Place of Business:**

1475 E MITCHELL HAMMOCK ROAD  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

4501 CHULUOTA ROAD  
ORLANDO, FL 32820

**New Mailing Address:**

FEI Number: 59-3537538

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHAFFER, KENDRA W  
1475 E MITCHELL HAMMOCK  
OVIEDO, FL 32765 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: SHAFFER, JEFFREY A  
Address: 4501 CHULUOTA ROAD  
City-St-Zip: ORLANDO, FL 32820

Title: ST  
Name: SHAFFER, KENDRA W  
Address: 4501 CHULUOTA ROAD  
City-St-Zip: ORLANDO, FL 32820

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: JEFFREY SHAFFER

P

04/25/2011

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

\_\_\_\_\_ Date