

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000087183

FILED
Apr 23, 2012
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 A. SHAFFER

P

04/23/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date