

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J98654

**Entity Name:** BAY ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

C/O RANDY DEAN EUBANKS  
2003 E. BUSINESS HWY. 98  
PANAMA CITY, FL 32401

**Current Mailing Address:**

C/O RANDY DEAN EUBANKS  
2003 E. BUSINESS HWY. 98  
PANAMA CITY, FL 32401

**FEI Number:** 59-2833814

**Certificate of Status Desired:** No

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

EUBANKS, RANDY DEAN  
2003 E. BUSINESS HWY. 98  
PANAMA CITY, FL 32401 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name EUBANKS, RANDY DEAN  
Address 3537 E 43RD STREET  
City-State-Zip: PANAMA CITY FL 32404

Title TD, VP  
Name EUBANKS, LINDA  
Address C/O RANDY DEAN EUBANKS  
2003 E. BUSINESS HWY. 98  
City-State-Zip: PANAMA CITY FL 32401

*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:** RANDY EUBANKS

**PRESIDENT**

**04/11/2013**

Electronic Signature of Signing Officer/Director Detail

Date