

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M19082

**Entity Name:** SHADOWOOD ANIMAL CLINIC INC.

**Current Principal Place of Business:**

9531 CLINT MOORE RD  
BOCA RATON, FL 33496

**Current Mailing Address:**

9531 CLINT MOORE RD  
BOCA RATON, FL 33496 US

**FEI Number:** 59-2596002

**Certificate of Status Desired:** Yes

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

BUTZER, LESLIE  
9531 CLINT MOORE RD  
BOCA RATON, FL 33496 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 PDS  
Name BUTZER, LESLIE  
Address 9531 CLINT MOORE RD.  
City-State-Zip: BOCA RATON FL 33496

*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:** LESLIE HALL BUTZER

**PRESIDENT**

**01/21/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date