

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000069940

**Entity Name:** ARK ANIMAL HOSPITAL OF POLK COUNTY, INC.

**Current Principal Place of Business:**

4648 E. HIGHWAY 540A  
LAKELAND, FL 33813

**Current Mailing Address:**

4648 E. HIGHWAY 540A  
LAKELAND, FL 33813 US

**FEI Number:** 27-3337444

**Certificate of Status Desired:** Yes

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

MCDANIEL, MARY A  
597 THORNBURG ROAD  
BABSON PARK, FL 33827 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 P  
Name MCDANIEL, MARY A  
Address 597 THORNBURG ROAD  
City-State-Zip: BABSON PARK FL 33827

Title VP  
Name FRANKS, TIMOTHY J  
Address 919 SUGAR PLACE  
City-State-Zip: LAKELAND FL 33801

Title S  
Name MCDANIEL, MARY A  
Address 597 THORNBURG ROAD  
City-State-Zip: BABSON PARK FL 33827

Title T  
Name MCDANIEL, MARY A  
Address 597 THORNBURG ROAD  
City-State-Zip: BABSON PARK FL 33827

*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:** TIMOTHY J FRANKS

**OWNER/MANAGER**

**03/14/2013**

Electronic Signature of Signing Officer/Director Detail

Date