

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 419338

FILED  
Feb 07, 2012  
Secretary of State

**Entity Name:** PANAMA ANIMAL HOSPITAL INC

**Current Principal Place of Business:**

2509 HWY 77  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

**Current Mailing Address:**

1738 WINDWOOD LANE  
LYNN HAVEN, FL 32444

**New Mailing Address:**

**FEI Number:** 59-1472067      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

DANIEL, JOHN F.  
304 MAGNOLIA AVENUE  
PANAMA CITY, FL 32401      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:** VD  
**Name:** AHERENE, RENEE L MS  
**Address:** 549 SEACREST DRIVE  
**City-St-Zip:** PANAMA CITY BEACH, FL 32413

**Title:** SD  
**Name:** NEWSOM, STACEY A DR.  
**Address:** 404 ABERCORN WAY  
**City-St-Zip:** SIMPSONVILLE, SC 29681

**Title:** PD  
**Name:** BUTTS, GERALD E DR.  
**Address:** 3160 COUNTRY CLUB DRIVE  
**City-St-Zip:** LYNN HAVEN, FL 32444

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: GERALD BUTTS

PD

02/07/2012

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

\_\_\_\_\_  
Date