

2010 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 436922

FILED
Oct 01, 2010
Secretary of State

Entity Name: TURKEY CREEK ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

4645 HWY 92 W.
PLANT CITY, FL 33563

New Principal Place of Business:

Current Mailing Address:

4645 HWY 92 W.
PLANT CITY, FL 33563

New Mailing Address:

FEI Number: 59-1493664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MARKS, MICHAEL A PRES
4645 HWY 92 W.
PLANT CITY, FL 33563 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: MICHAEL A. MARKS DVM

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: MARKS, MICHAEL A DVM
Address: 4645 HWY 92 W.
City-St-Zip: PLANT CITY, FL 33563

Title: VPD
Name: LEWIS, STEVEN C DVM
Address: 4645 HWY 92W
City-St-Zip: PLANT CITY, FL 33563

Title: SD
Name: MARKS, MICHAEL A DVM
Address: 4645 HWY 92 W.
City-St-Zip: PLANT CITY, FL 33563

Title: TD
Name: MARKS, MICHAEL A DVM
Address: 4645 HWY 92 W.
City-St-Zip: PLANT CITY, FL 33563

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: MICHAEL A. MARKS DVM

PRES

10/01/2010

Electronic Signature of Signing Officer or Director

Date