

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 436922

FILED  
Jan 26, 2011  
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:**

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

01/26/2011

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

01/26/2011

Electronic Signature of Signing Officer or Director

Date