

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 474278

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** D. SCOTT TRAPHAGEN, D.V.M., P.A.

**Current Principal Place of Business:**

2611 PLAYERS COURT  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

2611 PLAYERS COURT  
WELLINGTON, FL 33414 US

**New Mailing Address:**

**FEI Number:** 59-2207867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRAPHAGEN, D. SCOTT, D.V.M.  
1600 SW 3 ST  
POMPANO BCH, FL 33069 US

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

TRAPHAGEN, D. SCOTT, D.V.M.  
2611 PLAYERS CT  
WELLINGTON, FL 33414 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

01/18/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: TRAPHAGEN, D SCOTT  
Address: 2611 PLAYERS CT  
City-St-Zip: WELLINGTON, FL 33414

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: D. SCOTT TRAPHAGEN

DR

01/18/2012

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

\_\_\_\_\_  
Date