

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 475788

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** RAWLS VETERINARY HOSPITAL, INC.

**Current Principal Place of Business:**

127 EAST MASON AVE.  
DAYTONA BEACH, FL 321175034

**New Principal Place of Business:**

**Current Mailing Address:**

635 EAST RIDGEWOOD AVE  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 59-1594876

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAWLS, JR., BENJAMIN H  
635 E. RIDGEWOOD AVE.  
ORMOND BEACH, FL 32174 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: PD  
Name: RAWLS JR., BENJAMIN H  
Address: 635 E. RIDGEWOOD AVE  
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP  
Name: HARPER, JOE A  
Address: 3855 NOVA RD.  
City-St-Zip: PORT ORANGE, FL 32127

Title: ST  
Name: RAWLS, CHARLES B  
Address: 1405 HIDDEN COVE  
City-St-Zip: LOGANVILLE, GA 30052

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: BENJAMIN H RAWLS, JR

PRES

02/15/2011

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

\_\_\_\_\_  
Date