

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 556401

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** PARK WEST ANIMAL HOSPITAL , INC.

**Current Principal Place of Business:**

529 BLANDING BOULEVARD  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

529 BLANDING BOULEVARD  
ORANGE PARK, FL 32073

**New Mailing Address:**

**FEI Number:** 59-1789415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPOTTS, NELSON, D.V.M.  
529 BLANDING BOULEVARD  
ORANGE PARK, FL 32073 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: SPOTTS, NELSON D.V.M.  
Address: 529 BLANDING BLVD  
City-St-Zip: ORANGE PARK, FL 32073

Title: D  
Name: SPOTTS, BARBARA  
Address: 529 BLANDING BLVD  
City-St-Zip: ORANGE PARK, FL 32073

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:** NELSON L. SPOTTS, D.V.M.

DP

03/29/2010

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

\_\_\_\_\_  
Date