

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 595740

FILED  
Feb 08, 2011  
Secretary of State

**Entity Name:** MATTHEWS ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

109 S. DESOTO AVE  
ARCADIA, FL 34266 US

**New Principal Place of Business:**

**Current Mailing Address:**

109 S. DESOTO AVE  
ARCADIA, FL 34266 US

**New Mailing Address:**

FEI Number: 59-1868273

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OVERCASH, RONALD G.  
1193 N.E. HANSEL AVE  
ARCADIA, FL 34266 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: DP  
Name: OVERCASH, RONALD G  
Address: 1193 N.E. HANSEL AVE.  
City-St-Zip: ARCADIA, FL

Title: S  
Name: WARD, NANCY E MRS.  
Address: 3563 NE MCINTYRE ST  
City-St-Zip: ARCADIA, FL 34266

Title: T  
Name: SPRUNGER, TRACY L MRS.  
Address: 1183 SW ANITA ST  
City-St-Zip: ARCADIA, FL 34266

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: TRACY L. SPRUNGER

T

02/08/2011

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

\_\_\_\_\_ Date