2012 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 14, 2012
Secretary of State

DOCUMENT# 626370

Entity Name: ARMENIA ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

7917 NORTH ARMENIA AVENUE
TAMPA, FL 33604

New Principal Place of Business:

Current Mailing Address:

7917 NORTH ARMENIA AVENUE
TAMPA, FL 33604

New Mailing Address:

PO BOX 159
SEFFNER, FL 33583

FEI Number: 59-1921393 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HUGHES, JAMES U SR
7917 N. ARMENIA AVE.
TAMPA, FL 33604 US

Name and Address of New Registered Agent:

HUGHES, ELIZABETH G
304 E DR MLK BLVD
SEFFNER, FL 33584 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: ELIZABETH G. HUGHES, DVM 09/14/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: HUGHES, ELIZABETH G
Address: PO BOX 968
City-St-Zip: SEFFNER, FL 33583

Title: PRES
Name: HUGHES, ELIZABETH G
Address: PO BOX 968
City-St-Zip: SEFFNER, FL 33583

Title: VP
Name: TRACI, HOLDER R
Address: 10425 DEEPBROOK DR
City-St-Zip: RIVERVIEW, FL 33569

Title: SEC
Name: HUGHES, ELIZABETH G
Address: PO BOX 968
City-St-Zip: SEFFNER, FL 33583

Title: TRES
Name: HUGHES, ELIZABETH G
Address: PO BOX 968
City-St-Zip: SEFFNER, FL 33583

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: ELIZABETH G HUGHES PRES 09/14/2012
Electronic Signature of Signing Officer or Director Date