

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F21752

**FILED**  
**Nov 20, 2013**  
**Secretary of State**

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

**Current Principal Place of Business:**

% JERRY P SHANK  
3225 NORTH ANDREWS AVENUE  
FORT LAUDERDALE, FL 333096055

**New Principal Place of Business:**

**Current Mailing Address:**

% JERRY P SHANK  
3225 NORTH ANDREWS AVENUE  
FORT LAUDERDALE, FL 333096055

**New Mailing Address:**

**FEI Number:** 59-2110311

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHANK, JERRY P  
3225 NORTH ANDREWS AVENUE  
FORT LAUDERDALE, FL 333036055 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: JERRY SHANK

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SHANK, JERRY P.  
Address: 3225 S. ANDREWS AVE.  
City-St-Zip: FT. LAUDERDALE, FL

Title: ST  
Name: SHANK, CONSTANCE E.  
Address: 3225 S. ANDREWS AVE.  
City-St-Zip: FT. LAUDERDALE, FL

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: JERRY SHANK

DR.

11/20/2013

Electronic Signature of Signing Officer or Director

Date