

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F60768

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** THREATTE BEAUDRY ANIMAL CLINIC, P.A.

**Current Principal Place of Business:**

C/O DR. J.B. THREATTE  
1513 MAIN STREET  
KISSIMMEE, FL 34744 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DR. J.B. THREATTE  
1513 MAIN STREET  
KISSIMMEE, FL 34744 US

**New Mailing Address:**

**FEI Number:** 59-2155785

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THREATTE, JAMES B DVM  
1513 MAIN ST  
KISSIMMEE, FL 34744 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: VS  
Name: BEAUDRY, THOMAS R  
Address: 1513 MAIN STREET  
City-St-Zip: KISSIMMEE, FL 34744

Title: PD  
Name: THREATTE, J.B.  
Address: 1513 MAIN STREET  
City-St-Zip: KISSIMMEE, FL 34744

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: J. B. THREATTE

PD

02/16/2011

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

\_\_\_\_\_  
Date