

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F74131

FILED
Apr 15, 2012
Secretary of State

Entity Name: MYERS ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

11000 US HWY 17 N
EAGLE LAKE, FL 33839

New Principal Place of Business:

Current Mailing Address:

11000 US HWY 17 N
EAGLE LAKE, FL 33839

New Mailing Address:

FEI Number: 59-2164668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUMMERLIN, ROY C
146 AVENUE B, NW
WINTER HAVEN, FL 33880 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: PD
Name: EICHHOLTZ, DAVID H
Address: 151 OKALOOSA DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: VTD
Name: EICHHOLTZ, JONATHAN D.
Address: 280 ELOISE LOOP ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: SD
Name: EICHHOLTZ, JANET
Address: 151 OKALOOSA DR.
City-St-Zip: WINTER HAVEN, FL 33884

Title: D
Name: EICHHOLTZ, GLENDA J
Address: 280 ELOISE LOOP ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D
Name: GARCIA, SARAH L
Address: 352 WIEUCA DR NE
City-St-Zip: ATLANTA, GA 30342

Title: D
Name: GARCIA, EDWARD
Address: 352 WIEUCA RD NE
City-St-Zip: ATLANTA, GA 30342

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: DAVID H EICHHOLTZ VMD

PRES

04/15/2012

Electronic Signature of Signing Officer or Director

Date