

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G77924

FILED  
Feb 16, 2012  
Secretary of State

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

**Current Principal Place of Business:**

C/O GUY MAXWELL DVM  
2265 N. COURTENAY PKWY.  
MERRITT ISLAND, FL 32953 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GUY MAXWELL DVM  
2265 N. COURTENAY PKWY.  
MERRITT ISLAND, FL 32953 US

**New Mailing Address:**

C/O GUY MAXWELL DVM  
15 N INDIAN RIVER DR. #605  
COCOA, FL 32922 US

**FEI Number:** 59-2475031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CATTERTON, A V JR  
1990 W NEW HAVEN AVE  
STE 104  
MELBOURNE, FL 32904 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:** PSD  
**Name:** MAXWELL, GUY R.  
**Address:** 15 N INDIAN RIVER DR. #605  
**City-St-Zip:** COCOA, FL 32922 US

**Title:** VPT  
**Name:** MAXWELL, DEBORAH E.  
**Address:** 15 N INDIAN RIVER DR. #605  
**City-St-Zip:** COCOA, FL 32922 US

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:** DEBORAH E. MAXWELL

VPT

02/16/2012

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

\_\_\_\_\_  
Date