

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H08723

FILED  
Apr 01, 2011  
Secretary of State

**Entity Name:** THOMAS JOSEPH MOLE, D.V.M., P.A.

**Current Principal Place of Business:**

CURRY FORD ANIMAL HOSP  
7321 CURRY FORD ROAD  
ORLANDO, FL 32822 US

**New Principal Place of Business:**

**Current Mailing Address:**

6670 THE LANDINGS DR  
ORLANDO, FL 32812 US

**New Mailing Address:**

FEI Number: 59-2480613

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOLE, THOMAS JOSEPH  
7321 CURRYFORD ROAD  
ORLANDO, FL 32822 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: MOLE, THOMAS JOSEPH  
Address: 6670 THE LANDINGS DRIVE  
City-St-Zip: ORLANDO, FL 32812

Title: S  
Name: MOLE, SUSAN DENISE  
Address: 6670 THE LANDINGS DR  
City-St-Zip: ORLANDO, FL 32812

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: THOMAS J. MOLE

DR

04/01/2011

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

\_\_\_\_\_ Date