

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H12652

FILED
Feb 05, 2010
Secretary of State

Entity Name: ADVENTURE ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

8704 JACKSON SPRINGS ROAD
TAMPA, FL 33615 US

New Principal Place of Business:

Current Mailing Address:

8704 JACKSON SPRINGS ROAD
TAMPA, FL 33615 US

New Mailing Address:

FEI Number: 59-1845146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONSACK, FRANK A D.V.M.
8704 JACKSON SPRINGS ROAD
TAMPA, FL 33615 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT
Name: BONSACK, FRANK A D.V.M.
Address: 8210 WESTRIDGE DR
City-St-Zip: TAMPA, FL 33615 US

Title: DVS
Name: BONSACK, BARBARA G
Address: 8210 WESTRIDGE DR
City-St-Zip: TAMPA, FL 33615 US

Title: VD
Name: HULL, MARIA I
Address: 323 MEDLIN RD.
City-St-Zip: FRANKLIN, NC 28734 US

Title: VD
Name: BEST, KATHY A
Address: 8119 SILVER SPUR DRIVE
City-St-Zip: ARLINGTON, TX 76001 US

Title: VD
Name: BONSACK, FRANK C
Address: 14425 PEPPERPINE DRIVE
City-St-Zip: TAMPA, FL 33626 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: AMY L MARTIN

CPA

02/05/2010

Electronic Signature of Signing Officer or Director

Date