

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H74073

FILED  
Jan 04, 2011  
Secretary of State

**Entity Name:** SIMMONS VETERINARY CLINIC, INC.

**Current Principal Place of Business:**

4975 LAKE WORTH RD  
LAKE WORTH, FL 33463

**New Principal Place of Business:**

**Current Mailing Address:**

4975 LAKE WORTH RD  
LAKE WORTH, FL 33463

**New Mailing Address:**

FEI Number: 59-2578452

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIMMONS, KENNETH J  
4975 LAKE WORTH RD  
LAKE WORTH, FL 33463 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: SIMMONS, KENNETH J DVM  
Address: 4975 LAKE WORTH RD  
City-St-Zip: LAKE WORTH, FL

Title: VSTD  
Name: SIMMONS, ALICE M  
Address: 4975 LAKE WORTH RD  
City-St-Zip: LAKE WORTH, FL 33463

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: KENNETH J SIMMONS

PRES

01/04/2011

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

\_\_\_\_\_ Date