

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# J13669

**FILED**  
**May 24, 2012**  
**Secretary of State**

**Entity Name:** CAMELOT ANIMAL HOSPITAL CORP.

**Current Principal Place of Business:**

10856 SE US HWY. 441  
BELLEVIEW, FL 34420 US

**New Principal Place of Business:**

**Current Mailing Address:**

10856 SE US HWY. 441  
BELLEVIEW, FL 34420 US

**New Mailing Address:**

**FEI Number:** 59-2680630

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOHAN, MICHAEL J.  
10856 S.E. US HWY.441  
BELLEVIEW, FL 34420 US

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

KOHAN, MICHAEL J  
10856 S.E. US HWY.441  
BELLEVIEW, FL 34420 US

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: MICHAEL J KOHAN

05/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD  
Name: KOHAN, MICHAEL J  
Address: 10856 SE HWY 441  
City-St-Zip: BELLEVIEW, FL 34420

Title: PVD  
Name: KOHAN, MICHAEL J  
Address: 10856 S.E. HWY.441  
City-St-Zip: BELLEVIEW, FL 34420

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: MICHAEL J KOHAN

PRES

05/24/2012

Electronic Signature of Signing Officer or Director

Date