

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J32222

FILED  
Apr 16, 2010  
Secretary of State

**Entity Name:** GOLDEN GATE ANIMAL CLINIC, INC.

**Current Principal Place of Business:**

1550 40TH TERRACE, S.W.  
NAPLES, FL 34116 US

**New Principal Place of Business:**

**Current Mailing Address:**

1550 40TH TERRACE, S.W.  
NAPLES, FL 34116

**New Mailing Address:**

**FEI Number:** 59-2716241

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LANIER, JOHN E PRES  
1550 40TH TERR SW  
NAPLES, FL 34116 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:** P  
**Name:** LANIER, JOHN E PRES  
**Address:** 1550 40TH TERR SW  
**City-St-Zip:** NAPLES, FL 34116

**Title:** SEC  
**Name:** BOYD, BECKY SEC  
**Address:** 1550 40TH TERR SW  
**City-St-Zip:** NAPLES, FL 34116

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:** JOHN LANIER

PRES

04/16/2010

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

\_\_\_\_\_  
Date