

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J75164

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** GULF SHORE ANIMAL HOSPITAL, DAVID R. BALL, D.V.M., P.A.

**Current Principal Place of Business:**

3560 TAMIAMI TRAIL N  
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

3560 TAMIAMI TRAIL N  
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number:** 59-2807965

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BALL, DAVID R.  
3560 TAMIAMI TR NO  
NAPLES, FL 34103 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: P  
Name: BALL, DAVID R.  
Address: 1655 3RD STREET S.  
City-St-Zip: NAPLES, FL 34103

Title: VT  
Name: SCHEMMER, KIM R.  
Address: 1655 3RD STREET S.  
City-St-Zip: NAPLES, FL 34103

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: KIM R. SCHEMMER

VT

01/05/2012

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

\_\_\_\_\_  
Date