

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J98654

FILED  
Mar 03, 2010  
Secretary of State

**Entity Name:** BAY ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

C/O RANDY DEAN EUBANKS  
2003 E. BUSINESS HWY. 98  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

**Current Mailing Address:**

C/O RANDY DEAN EUBANKS  
2003 E. BUSINESS HWY. 98  
PANAMA CITY, FL 32401

**New Mailing Address:**

**FEI Number:** 59-2833814      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

EUBANKS, RANDY DEAN  
2003 E. BUSINESS HWY. 98  
PANAMA CITY, FL 32401      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: PD  
Name: EUBANKS, RANDY DEAN  
Address: 3537 E 43RD STREET  
City-St-Zip: PANAMA CITY, FL 32404

Title: TD  
Name: EUBANKS, LINDA  
Address: 3537 E 43RD STREET  
City-St-Zip: PANAMA CITY, FL 32404

Title: VD  
Name: BALL, JAMES H.  
Address: RT. 1, BOX 1351  
City-St-Zip: PANAMA CITY, FL 32404

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: RANDY EUBANKS

PRES

03/03/2010

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

\_\_\_\_\_ Date