

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L21425

Entity Name: AXEL G. GRAY, P.A.

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

COASTAL VETERINARY HOSPITAL  
13431 BEACH BLVD  
JACKSONVILLE, FL 32246 US

**New Principal Place of Business:**

**Current Mailing Address:**

COASTAL VETERINARY HOSPITAL  
13431 BEACH BLVD  
JACKSONVILLE, FL 32246 US

**New Mailing Address:**

FEI Number: 59-2994513

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GRAY, AXEL G DVM  
13431 BEACH BLVD  
JACKSONVILLE, FL 32246 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: GRAY, AXEL G DVM  
Address: 125 N ROSCOE BLVD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: AXEL G. GRAY , DVM

P

04/11/2011

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

\_\_\_\_\_  
Date