

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L39485

**FILED**  
**Jan 23, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

10460 W. ATLANTIC BLVD.  
CORAL SPRINGS, FL 33071 US

**New Principal Place of Business:**

**Current Mailing Address:**

4613 N UNIVERSITY DRIVE  
# 228  
CORAL SPRINGS, FL 33067 US

**New Mailing Address:**

**FEI Number:** 65-0405821      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CORT NEIMARK, ESQ.  
C/O FOWLER, WHITE AND BURNETT  
1 FINANCIAL PLAZA SUITE 2100  
FT LAUDERDALE, FL 33394 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: DP  
Name: JILL PAUL  
Address: 2820 BANYAN BLVD CIRCLE NW  
City-St-Zip: BOCA RATON, FL 33431 US

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: JILL PAUL

DP

01/23/2011

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

\_\_\_\_\_  
Date