# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 01, 2012**
**Secretary of State**

DOCUMENT# L72371

**Entity Name:** COLE ANIMAL CLINIC, P.A.

**Current Principal Place of Business:**

901 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

901 NORTH FEDERAL HIGHWAY
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number: 65-0195261** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

COLE, MICHAEL E D.V.M,
901 N FEDERAL HWY
BOCA RATON, FL 334329739 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: PD
Name: COLE, MICHAEL E D.V.M.
Address: 901 N FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33432

Title: SD
Name: PHILLIPS, KELLY D.V.M.
Address: 901 N. FEDERAL HWY
City-St-Zip: BOCA RATON, FL 33432

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: KELLY W. PHILLIPS, DVM SD 02/01/2012

Electronic Signature of Signing Officer or Director Date