

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M93704

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** LAKE AREA ANIMAL HOSPITAL, P.A.

**Current Principal Place of Business:**

7410 S.E. HWY. 301  
HAWTHORNE, FL 32640 US

**New Principal Place of Business:**

8762 STATE ROAD 21  
MELROSE, FL 32666 US

**Current Mailing Address:**

P.O. BOX 8  
HAWTHORNE, FL 32640 US

**New Mailing Address:**

PO BOX 349  
MELROSE, FL 32666 US

**FEI Number:** 59-2909816

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENRY, SHANE D., D.V.M.  
7410 S.E. HWY. 301  
HAWTHORNE, FL 32640 US

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

HENRY, SHANE D., D.V.M.  
8762 STATE ROAD 21  
MELROSE, FL 32666 US

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:

01/13/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HENRY, SHANE D.  
Address: 8762 STATE ROAD 21  
City-St-Zip: MELROSE, FL 32666

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: SHANE D HENRY

P

01/13/2011

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

\_\_\_\_\_  
Date