

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000009480

FILED
Apr 23, 2012
Secretary of State

Entity Name: ANIMAL ADOPTION AND REHAB CENTER, INC.

Current Principal Place of Business:

10302 S FEDERAL HWY
SUITE 283
PORT ST LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

10302 S FEDERAL HWY
SUITE 283
PORT ST LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 45-3557244 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASELLI, PETER
10302 S FEDERAL HWY
SUITE 283
PORT ST LUCIE, FL 34952 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: D
Name: MASELLI, PETER
Address: 10302 S FEDERAL HWY, SUITE 283
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: D
Name: FRIEND, MICHAEL JR
Address: 2109 SW IMPORT DRIVE
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: P
Name: MASELLI, JENNIFER
Address: 10302 S FEDERAL HWY, SUITE 283
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: VP
Name: BUSBY, NATASHA
Address: 10302 S FEDERAL HWY, SUITE 283
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: STR
Name: FRIEND, JEANA
Address: 10302 S FEDERAL HWY
City-St-Zip: PORT ST LUCIE, FL 34952 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JENNIFER MASELLI

P

04/23/2012

Electronic Signature of Signing Officer or Director

Date