2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2012
Secretary of State

DOCUMENT# N11000010149

Entity Name: TLC THERAPY HOOVES, INC.

Current Principal Place of Business:

400 BREEZE BYWAY
SEBRING, FL 33876

New Principal Place of Business:

Current Mailing Address:

400 BREEZE BYWAY
SEBRING, FL 33876

New Mailing Address:

FEI Number: 45-3690372 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ABLES, CLIFFORD M III
551 SOUTH COMMERCE AVENUE
SEBRING, FL 33870 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: PSTD
Name: CRUTCHFIELD, TERRI L
Address: 400 BREEZE BYWAY
City-St-Zip: SEBRING, FL 33876

Title: VD
Name: ABLES, CLIFFORD M III
Address: 551 SOUTH COMMERCE AVENUE
City-St-Zip: SEBRING, FL 33870

Title: D
Name: HAMILTON, ANN G
Address: 1141 LAKEVIEW DRIVE
City-St-Zip: SEBRING, FL 33870

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: TERRI L CRUTCHFIELD PSTD 03/30/2012

Electronic Signature of Signing Officer or Director Date