

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000013338

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Entity Name:** SAN JUAN ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

4519 SAN JUAN AVENUE  
JACKSONVILLE, FL 322102094

**New Principal Place of Business:**

4519 SAN JUAN AVENUE  
JACKSONVILLE, FL 322102094 UN

**Current Mailing Address:**

4519 SAN JUAN AVENUE  
JACKSONVILLE, FL 322102094

**New Mailing Address:**

**FEI Number:** 59-3627830

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENNETT, GREGORY  
2879 GRANDE OAKS WAY  
FLEMING ISLAND, FL 32003 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: BENNETT, GREGORY  
Address: 4519 SAN JUAN AVENUE  
City-St-Zip: JACKSONVILLE, FL 322102094

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: GREGORY L. BENNETT DVM

D

03/27/2012

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

\_\_\_\_\_  
Date