

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000058690

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** LAKE MARY COMPANION ANIMAL HOSPITAL, P.A.

**Current Principal Place of Business:**

3895 LAKE EMMA RD  
SUITE 137  
LAKE MARY, FL 32746

**New Principal Place of Business:**

**Current Mailing Address:**

3895 LAKE EMMA RD  
SUITE 137  
LAKE MARY, FL 32746

**New Mailing Address:**

**FEI Number:** 59-3654436

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WOLLNER, RICHARD A CPA  
2917 W ST RD 434  
SUITE 151  
LONGWOOD, FL 32779 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: PCEO  
Name: SCOTT, BRIAN A  
Address: 3895 LAKE EMMA ROAD SUITE 137  
City-St-Zip: LAKE MARY, FL 32746

Title: VPST  
Name: SCOTT, NANCY F  
Address: 3895 LAKE EMMA ROAD SUITE 137  
City-St-Zip: LAKE MARY, FL 32746

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: BRIAN A SCOTT

P

04/26/2011

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

\_\_\_\_\_  
Date