

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000044521

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** ANIMAL HOSPITAL OF EAST MANATEE, INC.

**Current Principal Place of Business:**

5012 SR 64 E  
BRADENTON, FL 34208

**New Principal Place of Business:**

**Current Mailing Address:**

5012 SR 64 E  
BRADENTON, FL 34208

**New Mailing Address:**

**FEI Number:** 65-1101113

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLERKIS, TERRY  
5012 SR 64 E  
BRADENTON, FL 34208 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: DVM  
Name: CLEKIS, TERRY  
Address: 5012 SR 64 E  
City-St-Zip: BRADENTON, FL 34208

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: TERRY CLEKIS

DVM

04/08/2011

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

\_\_\_\_\_  
Date