

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000064137

FILED
Mar 13, 2011
Secretary of State

Entity Name: ANDERSON ANIMAL CLINIC OF HIGHLANDS COUNTY, INC.

Current Principal Place of Business:

11751 TWITTY RD
SEBRING, FL 33876 US

New Principal Place of Business:

Current Mailing Address:

11751 TWITTY RD
SEBRING, FL 33876 US

New Mailing Address:

FEI Number: 59-3732063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, WENDELL D
11751 TWITTY RD
SEBRING, FL 33876 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: DP
Name: ANDERSON, WENDELL D DVM
Address: 15 NOTRE DAME STREET
City-St-Zip: LAKE PLACID, FL 33852 US

Title: DTS
Name: ANDERSON, ROSALYNN B
Address: 15 NOTRE DAME STREET
City-St-Zip: LAKE PLACID, FL 33852 US

Title: DVP
Name: ANDERSON, DAVID
Address: 101 BAYVIEW DRIVE
City-St-Zip: LAKE PLACID, FL 33852 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WENDELL D ANDERSON

PRES

03/13/2011

Electronic Signature of Signing Officer or Director

Date