

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000119948

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

**Entity Name:** MARK S. SPRAYBERRY, D.V.M, P.A.

**Current Principal Place of Business:**

2605 EAST OLIVE RD.  
PENSACOLA, FL 32514

**New Principal Place of Business:**

4220 NORTH DAVIS HWY  
PENSACOLA, FL 32503

**Current Mailing Address:**

2605 EAST OLIVE RD.  
PENSACOLA, FL 32514

**New Mailing Address:**

4220 NORTH DAVIS HWY  
PENSACOLA, FL 32503

**FEI Number:** 01-0700916

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPRAYBERRY, MARK S  
2605 EAST OLIVE RD.  
PENSACOLA, FL 32514 US

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

SPRAYBERRY, MARK S  
4220 NORTH DAVIS HWY  
PENSACOLA, FL 32503 US

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:** DR. MARK S. SPRAYBERRY

04/26/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** SPRAYBERRY, MARK S  
**Address:** 2605 EAST OLIVE RD.  
**City-St-Zip:** PENSACOLA, FL 32514

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:** MARK S. SPRAYBERRY

D

04/26/2011

Electronic Signature of Signing Officer or Director

Date