2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# P02000029453

Entity Name: ALL PAWS ANIMAL CLINIC, INC.

Current Principal Place of Business:

1011 STATE RD 7
STE G
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

1011 STATE RD 7
STE G
ROYAL PALM BEACH, FL 33411

New Mailing Address:

FEI Number: 04-3628703 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SQUIRES, ROBERT P
105 TUSCANY DR.
ROYAL PALM BEACH, FL 33411 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: PS
Name: SQUIRES, PATRICIA F DR
Address: 105 TUSCANY DR.
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VT
Name: SQUIRES, ROBERT P
Address: 105 TUSCANY DR.
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: ROBERT P. SQUIRES VP/T 01/05/2012

Electronic Signature of Signing Officer or Director Date