

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000035490

**FILED**  
**Mar 14, 2012**  
**Secretary of State**

**Entity Name:** NORTHWEST FLORIDA VETERINARY SERVICES, P.A.

**Current Principal Place of Business:**

450 BALDWIN AVE  
DEFUNIAK SPRINGS, FL 32435

**New Principal Place of Business:**

**Current Mailing Address:**

450 BALDWIN AVE  
DEFUNIAK SPRINGS, FL 32435

**New Mailing Address:**

**FEI Number:** 01-0653607

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVIS, MARK D  
ANDREWS & DAVIS, ATTORNEY AT LAW  
694 BALDWIN AVE, STE 1  
DEFUNIAK SPRINGS, FL 32435 US

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

FEITSMA, DAVID III  
AIDMORE ANIMAL CLINIC  
450 BALDWIN AVENUE  
DEFUNIAK SPRINGS, FL 32435 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: DAVID FEITSMA III

03/14/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: FEITSMA, DAVID III  
Address: 450 BALDWIN AVENUE  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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: DAVID FEITSMA III

OWNE

03/14/2012

Electronic Signature of Signing Officer or Director

Date