

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000083921

FILED
Mar 30, 2011
Secretary of State

Entity Name: ANIMAL CARE AT TWIN LAKES CENTER, P.A.

Current Principal Place of Business:

8117 POINT MEADOWS DRIVE
SUITES 101 & 103
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8117 POINT MEADOWS DRIVE
SUITE 101
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 51-0476951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLOOD, BRYAN K
8117 POINT MEADOWS DRIVE
SUITE 101
JACKSONVILLE, FL 32256 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: D
Name: FLOOD, BRIAN K
Address: 8117 POINT MEADOWS DRIVE, STE 101
City-St-Zip: JACKSONVILLE, FL 32256

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: BRYAN FLOOD

OWNE

03/30/2011

Electronic Signature of Signing Officer or Director

Date