# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2011**
**Secretary of State**

DOCUMENT# P04000013945

**Entity Name:** FLORESTA ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

4959 LE CHALET BLVD STE B
BOYNTON BEACH, FL 33436

**New Principal Place of Business:**

**Current Mailing Address:**

5435 PINE TREE ROAD
POMPANO BEACH, FL 33067

**New Mailing Address:**

**FEI Number: 20-0647843** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BURNS, JEAN M
5435 PINE TREE ROAD
POMPANO BEACH, FL 33067 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: PDS
Name: BURNS, JEAN M
Address: 5435 PINE TREE ROAD
City-St-Zip: POMPANO BEACH, FL 33067

Title: VP
Name: BLOCK, MICHAEL
Address: 3652 N ANDREWS AVE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: VP
Name: DURHAM, CHRIS J
Address: 5435 PINE TREE RD
City-St-Zip: POMPANO BEACH, FL 33067

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: CHRIS DURHAM VP 04/27/2011

Electronic Signature of Signing Officer or Director Date