

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000053178

FILED
May 13, 2011
Secretary of State

Entity Name: FAVALORO ANIMAL HOSPITAL, P.A.

Current Principal Place of Business:

2640 JENKS AVENUE
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

2640 JENKS AVENUE
PANAMA CITY, FL 32405

New Mailing Address:

FEI Number: 20-0904325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAVALORO, STEPHEN B DVM
1605 INVERNESS RD
LYNN HAVEN, FL 32444 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: PRES
Name: FAVALORO, STEPHEN B DVM
Address: 1605 INVERNESS RD
City-St-Zip: LYNN HAVEN, FL 32444

Title: VP
Name: FAVALORO, RACHELLE R
Address: 1605 INVERNESS RD
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: SEC
Name: FAVALORO, RACHELLE R
Address: 1605 INVERNESS RD
City-St-Zip: LYNN HAVEN, FL 32444 US

Title: TREA
Name: FAVALORO, RACHELLE R
Address: 1605 INVERNESS RD
City-St-Zip: LYNN HAVEN, FL 32444 US

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: RACHELLE FAVALORO

VP

05/13/2011

Electronic Signature of Signing Officer or Director

Date