

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120741

FILED  
Apr 08, 2010  
Secretary of State

**Entity Name:** YOUNG'S ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

1795 CHENEY HWY.  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

1795 CHENEY HWY.  
TITUSVILLE, FL 32780

**New Mailing Address:**

**FEI Number:** 20-1513313

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCRANIE, KAREN L  
1139 HARBOUR POINT DR.  
PORT ORANGE, FL 32127 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** VD  
**Name:** MCCRANIE, LEON G  
**Address:** 1139 HARBOUR POINT DR.  
**City-St-Zip:** PORT ORANGE, FL 321274903

**Title:** STD  
**Name:** MCCRANIE, KAREN L  
**Address:** 1139 HARBOUR POINT DR.  
**City-St-Zip:** PORT ORANGE, FL 32127

**Title:** PD  
**Name:** YOUNG, CAMILLE A  
**Address:** 6222 WINDOVER WAY  
**City-St-Zip:** TITUSVILLE, FL 32780

**Title:** VD  
**Name:** YOUNG, ROGER  
**Address:** 6222 WINDOVER WAY  
**City-St-Zip:** TITUSVILLE, FL 32780

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:** KAREN L MCCRANIE

STD

04/08/2010

Electronic Signature of Signing Officer or Director

Date