

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000015873

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

324 LONG AVE  
PORT SAINT JOE, FL 32456

**New Principal Place of Business:**

230 GULF PINES DRIVE  
PORT SAINT JOE, FL 32456

**Current Mailing Address:**

324 LONG AVE  
PORT SAINT JOE, FL 32456

**New Mailing Address:**

230 GULF PINES DRIVE  
PORT SAINT JOE, FL 32456

**FEI Number:** 20-2255403

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRIEDMAN, MARK W CPA  
219 AVENUE E  
APALACHICOLA, FL 32320 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: P  
Name: BIAGINI, LESLIE E  
Address: 230 GULF PINES DRIVE  
City-St-Zip: PORT SAINT JOE, FL 32456

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: LESLIE E BIAGINI

P

01/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date