

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022732

FILED  
Mar 24, 2011  
Secretary of State

**Entity Name:** TRINITY PET HOSPITAL, INC.

**Current Principal Place of Business:**

7813 MITCHELL BLVD  
SUITE# 112  
TRINITY, FL 34655

**New Principal Place of Business:**

**Current Mailing Address:**

7813 MITCHELL BLVD  
SUITE #112  
TRINITY, FL 34655

**New Mailing Address:**

**FEI Number:** 30-0303754      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

STELTER, KIM  
1742 LOCH HAVEN COURT  
TRINITY, FL 34655    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: STELTER, KIM  
Address: 7813 MITCHELL BLVD SUITE 112  
City-St-Zip: TRINITY, FL 34655

Title: VP  
Name: LAMB, SCOTT  
Address: 7813 MITCHELL BLVD SUITE 112  
City-St-Zip: TRINITY, FL 34655

Title: TRES  
Name: STELTER, CHRIS  
Address: 7813 MITCHELL BLVD SUITE 112  
City-St-Zip: TRINITY, FL 34655

Title: SECY  
Name: LAMB, KATHLEEN  
Address: 7813 MITCHELL BLVD SUITE 112  
City-St-Zip: TRINITY, FL 34655

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: KATHLEEN LAMB

SEC

03/24/2011

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

\_\_\_\_\_ Date