2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2012
Secretary of State

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Entity Name: ANIMAL EYE CLINICS OF NORTH FLORIDA, INC.

Current Principal Place of Business:

3444 SOUTHSIDE BOULEVARD, SUITE 104
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

3444 SOUTHSIDE BOULEVARD, SUITE 104
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 20-2833013 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHANDLER, MATTHEW J
3444 SOUTHSIDE BLVD
SUITE 104
JACKSONVILLE, FL 32216 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: D
Name: CHANDLER, MATTHEW DR.
Address: 3444 SOUTHSIDE BOULEVARD, SUITE 104
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: BROWN, DANIEL DR.
Address: 3444 SOUTHSIDE BOULEVARD, SUITE 104
City-St-Zip: JACKSONVILLE, FL 32216

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: MATTHEW J CHANDLER VP 03/13/2012

Electronic Signature of Signing Officer or Director — Date