

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000073766

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** CRYSTAL SPRINGS VETERINARY CLINIC, P.A.

**Current Principal Place of Business:**

2850 PAUL S. BUCHMAN HWY  
ZEPHYRHILLS, FL 33540 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 818  
CRYSTAL SPRINGS, FL 33524 US

**New Mailing Address:**

**FEI Number:** 20-2960844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MENDENHALL, GAIL A  
2850 PAUL S. BUCHMAN HWY  
ZEPHYRHILLS, FL 33540 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: MENDENHALL, GAIL A  
Address: 2850 PAUL S. BUCHMAN HWY  
City-St-Zip: ZEPHYRHILLS, FL 33540 US

Title: TRES  
Name: MENDENHALL, GAIL A  
Address: 2850 PAUL S. BUCHMAN HWY  
City-St-Zip: ZEPHYRHILLS, FL 33540 US

Title: S  
Name: MENDENHALL, JEAN J  
Address: 4126 BURROWS RD.  
City-St-Zip: ZEPHYRHILLS, FL 33542

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: GAIL A. MENDENHALL

PRES

04/12/2011

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

\_\_\_\_\_  
Date