2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

DOCUMENT# P05000158968

Entity Name: POINCIANA PET CLINIC, INC.

Current Principal Place of Business:

884 TOWNE CENTER DRIVE
KISSIMMEE, FL 34759 US

New Principal Place of Business:

Current Mailing Address:

884 TOWNE CENTER DRIVE
KISSIMMEE, FL 34759 US

New Mailing Address:

FEI Number: 20-3907354 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BORGMAN, GARY
403 E. VINE STREET
KISSIMMEE, FL 34744 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: PD
Name: BORGMAN, GARY
Address: 403 E. VINE STREET
City-St-Zip: KISSIMMEE, FL 34744 US

Title: STD
Name: BORGMAN, JOY
Address: 403 E. VINE STREET
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VP
Name: BORGMAN, WESLEY
Address: 403 E. VINE STREET
City-St-Zip: KISSIMMEE, FL 34744 US

Title: VP
Name: PRATHER, ANDREW
Address: 403 E. VINE STREET
City-St-Zip: KISSIMMEE, FL 34744

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: GARY A. BORGMAN PRES 04/29/2011

Electronic Signature of Signing Officer or Director Date