

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000164926

FILED
Feb 22, 2011
Secretary of State

Entity Name: DOGWOOD ACRES VETERINARY CLINIC INC.

Current Principal Place of Business:

6072 HWY 85 NORTH
CRESTVIEW, FL 32536

New Principal Place of Business:

Current Mailing Address:

6072 HWY 85 NORTH
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 20-4159347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RILEY, CARRIE
6072 HWY 85 NORTH
CRESTVIEW, FL 32536 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: PST
Name: RILEY, CARRIE
Address: 6072 HWY 85 NORTH
City-St-Zip: CRESTVIEW, FL 32536

Title: VP
Name: RILEY, ROGER DALE
Address: 6072 HWY 85 NORTH
City-St-Zip: CRESTVIEW, FL 32536

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: CARRIE RILEY

PST

02/22/2011

Electronic Signature of Signing Officer or Director

Date