2011 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 29, 2011
Secretary of State

DOCUMENT# P05000167222

Entity Name: 4 PAWS ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

1450 SKIPPER ROAD, BUILDING 2, UNITS 26-28
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

1450 SKIPPER ROAD, BUILDING 2, UNITS 26-28
TAMPA, FL 33613

New Mailing Address:

FEI Number: 68-0620356 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKANDERA, CHARRON A
3450 PALENCIA DRIVE
APT. 2106
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

SKANDERA, CHARRON A
8511 N. DEXTER AVENUE
TAMPA, FL 33604 US

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: CHARRON A. SKANDERA 03/29/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DR.
Name: SKANDERA, CHARRON A
Address: 8511 N. DEXTER AVENUE
City-St-Zip: TAMPA, FL 33604

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: CHARRON A. SKANDERA DR. 03/29/2011
Electronic Signature of Signing Officer or Director Date