

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000002305

FILED  
Apr 19, 2011  
Secretary of State

**Entity Name:** DOCTOR'S LAKE ANIMAL HOSPITAL, P.A.

**Current Principal Place of Business:**

14 SWIMMING PEN DRIVE  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

14 SWIMMING PEN DRIVE  
MIDDLEBURG, FL 32068 US

**Current Mailing Address:**

14 SWIMMING PEN DRIVE  
MIDDLEBURG, FL 32068

**New Mailing Address:**

14 SWIMMING PEN DRIVE  
MIDDLEBURG, FL 32068 US

**FEI Number:** 59-3829557

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TOLSON, JOHN F JR  
462 KINGSLEY AVENUE SUITE 101  
ORANGE PARK, FL 32073 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:** O/D  
**Name:** TURMAN, CORAL A  
**Address:** 14 SWIMMING PEN DRIVE  
**City-St-Zip:** MIDDLEBURG, FL 32068 US

**Title:** D  
**Name:** TURMAN, JASON C  
**Address:** 14 SWIMMING PEN DRIVE  
**City-St-Zip:** MIDDLEBURG, FL 32068 US

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:** JASON TURMAN

D

04/19/2011

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

\_\_\_\_\_  
Date