

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000015753

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** ROBERT BARBER, D.V.M., P.A.

**Current Principal Place of Business:**

11339 W. HIGHWAY 326  
OCALA, FL 34482

**New Principal Place of Business:**

**Current Mailing Address:**

11339 W. HIGHWAY 326  
OCALA, FL 34482

**New Mailing Address:**

**FEI Number:** 20-4459069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARBER, ROBERT E  
11339 WEST HWY 326  
OCALA, FL 34482 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: D  
Name: BARBER, ROBERT E  
Address: 11339 W. HIGHWAY 326  
City-St-Zip: Ocala, FL 34482

Title: D  
Name: BARBER, MICHELLE L  
Address: 11339 W. HIGHWAY 326  
City-St-Zip: Ocala, FL 34482

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: ROBERT BARBER

DR

04/27/2011

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

\_\_\_\_\_ Date