

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000035753

**FILED**  
**Feb 26, 2011**  
**Secretary of State**

**Entity Name:** DR. GLENDA'S ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

8483 MERCHANTS WAY  
JACKSONVILLE, FL 32222

**New Principal Place of Business:**

**Current Mailing Address:**

8483 MERCHANTS WAY  
JACKSONVILLE, FL 32222

**New Mailing Address:**

**FEI Number:** 20-4443248

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAYES, DENNIS E ESQUIRE  
2320 THE WOODS DRIVE WEST  
JACKSONVILLE, FL 32246 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: PYLE, PATRICIA  
Address: 11303 BRANAN FIELD ROAD  
City-St-Zip: JACKSONVILLE, FL 32222

Title: D  
Name: WIECHMAN, GLENDA  
Address: 8731 BARCO LANE  
City-St-Zip: JACKSONVILLE, FL 32244

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: GLENDA WIECHMAN

VP

02/26/2011

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

\_\_\_\_\_  
Date