

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000080082

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Entity Name:** BREEZE ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

9222 PANAMA CITY BEACH PARKWAY  
PANAMA CITY BEACH, FL 32407 US

**New Principal Place of Business:**

**Current Mailing Address:**

9222 PANAMA CITY BEACH PARKWAY  
PANAMA CITY BEACH, FL 32407 US

**New Mailing Address:**

**FEI Number:** 20-5024230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WALTERS, ELIZABETH J  
415 BECKRICH RD SUITE 500  
PANAMA CITY BEACH, FL 32407 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:** BREEZE, KIM C  
**Address:** 113 S VESTAVIA STREET  
**City-St-Zip:** PANAMA CITY BEACH, FL 32413

**Title:** D  
**Name:** BREEZE, PHILIP  
**Address:** 113 S VESTAVIA STREET  
**City-St-Zip:** PANAMA CITY BEACH, FL 32413

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:** PEGGY ZACCHIO

MGR

03/02/2011

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

\_\_\_\_\_  
Date