

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000071700

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** TOWN COMMONS ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

8927 HYPOLUXO RD  
#A1  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

8927 HYPOLUXO RD  
#A1  
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number:** 26-0435459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OJEA, ANNA R  
5057 NORTHERN LIGHTS DR  
GREENACRES, FL 33463 US

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

OJEA, ANNA R  
8927 HYPOLUXO ROAD #A1  
LAKE WORTH, FL 33467 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:

02/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: OJEA, ANNA R  
Address: 8927 HYPOLUXO ROAD #A1  
City-St-Zip: LAKE WORTH, FL 33467

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: ANNA R. OJEA

DR.

02/10/2012

Electronic Signature of Signing Officer or Director

Date