

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000094260

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** MEDICINE WHEEL VETERINARY SERVICES, INC.

**Current Principal Place of Business:**

6998 NW HWY 27  
#105  
OCALA, FL 34482 US

**New Principal Place of Business:**

**Current Mailing Address:**

2775 NW 49TH AVE  
#205-359  
OCALA, FL 34482 US

**New Mailing Address:**

**FEI Number:** 26-0769488      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

SAPP, HAROLD L  
3705 SW 298TH ST  
NEWBERRY, FL 32669 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: PVST  
Name: CANTWELL, SHAUNA  
Address: #205-359 2775 NW 49TH AVE  
City-St-Zip: Ocala, FL 34482 US

Title: D  
Name: CANTWELL, SHAUNA  
Address: #205-359 2775 NW 49TH AVE  
City-St-Zip: Ocala, FL 34482 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: SHAUNA CANTWELL

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04/04/2012

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

\_\_\_\_\_  
Date