

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000098733

FILED
Apr 26, 2011
Secretary of State

Entity Name: ANIMAL ER OF SOUTHWEST FL, INC.

Current Principal Place of Business:

15201 NORTH CLEVELAND AVENUE
1400
NORTH FORT MYERS, FL 33903

New Principal Place of Business:

1327 NE PINE ISLAND RD
110
CAPE CORAL, FL 33909

Current Mailing Address:

15201 NORTH CLEVELAND AVENUE
1400
NORTH FORT MYERS, FL 33903

New Mailing Address:

1327 NE PINE ISLAND RD
110
CAPE CORAL, FL 33909

FEI Number: 26-0846518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KACOYANIS, JOHN G SEC
15201 N. CLEVELAND AVE
1400
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

KACOYANIS, JOHN G
1327 NE PINE ISLAND RD
110
CAPE CORAL, FL 33909 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: JOHN KACOYANIS

04/26/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: IRBY, SCOTT
Address: 1327 NE PINE ISLAND RD SUITE 110
City-St-Zip: CAPE CORAL, FL 33909

Title: VP
Name: GROSS, SANDRA M DVM
Address: 1327 NE PINE ISLAND RD SUITE 110
City-St-Zip: CAPE CORAL, FL 33909

Title: S
Name: NEUMAN, LISA DVM
Address: 1327 NE PINE ISLAND RD SUITE 110
City-St-Zip: CAPE CORAL, FL 33909

Title: T
Name: BOGERT, LAURA DVM
Address: 1327 NE PINE ISLAND RD SUITE 110
City-St-Zip: CAPE CORAL, FL 33909

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: LAURA BOGERT

T

04/26/2011

Electronic Signature of Signing Officer or Director

Date