2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

DOCUMENT# P07000129743

Entity Name: HAINES CITY PET HOSPITAL INC.

Current Principal Place of Business:

206 TRANQUILITY COVE
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

4001 US HWY 17-92
HAINES CITY, FL 33844 US

Current Mailing Address:

206 TRANQUILITY COVE
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 26-1554130 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADKINS, LARRY DR.
206 TRANQUILITY COVE
ALTAMONTE SPRINGS, FL 32701 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: P
Name: ADKINS, LARRY DR
Address: 206 TRANQUILITY COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

Title: VP
Name: ADKINS, NATALIYA
Address: 206 TRANQUILITY COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 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: LARRY ADKINS P 04/27/2011

Electronic Signature of Signing Officer or Director Date