

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000135138

Entity Name: ALAFIA RIVER ANIMAL HOSPITAL, INC.

FILED
Apr 16, 2012
Secretary of State

Current Principal Place of Business:

7021 LITHIA PINECREST RD.
LITHIA, FL 33547

New Principal Place of Business:**Current Mailing Address:**

5108 PINE ROCKLANDS AVE.
LITHIA, FL 33547

New Mailing Address:

7021 LITHIA PINECREST RD.
LITHIA, FL 33547

FEI Number: 26-1474555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHESON, ELLEN M DR.
5108 PINE ROCKLANDS AVE.
LITHIA, FL 33547 US

Name and Address of New Registered Agent:

MATHESON, ELLEN M DR.
6114 KINGBIRD MANOR DR.
LITHIA, FL 33547 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:

Electronic Signature of Registered Agent

04/16/2012

Date

OFFICERS AND DIRECTORS:

Title: DR
Name: MATHESON, ELLEN M
Address: 6114 KINGBIRD MANOR DR.
City-St-Zip: LITHIA, FL 33547

Title: MR
Name: MATHESON, JOHN M
Address: 5108 PINE ROCKLANDS AVENUE
City-St-Zip: LITHIA, FL 33547

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: ELLEN M. MATHESON

Electronic Signature of Signing Officer or Director

DR.

04/16/2012

Date