

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000024456

**FILED**  
**Feb 09, 2011**  
**Secretary of State**

**Entity Name:** SPRUCE CREEK ANIMAL CLINIC, INC.

**Current Principal Place of Business:**

3915 SOUTH NOVA ROAD  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

3915 SOUTH NOVA ROAD  
PORT ORANGE, FL 32127

**New Mailing Address:**

**FEI Number:** 26-2133617

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TRANHAM, JAMES G DVM  
3915 SOUTH NOVA ROAD  
PORT ORANGE, FL 32127 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: DVP  
Name: GOLDBY, DEBORAH L DVM  
Address: 3915 SOUTH NOVA ROAD  
City-St-Zip: PORT ORANGE, FL 32127

Title: DPST  
Name: TRANHAM, JAMES G DVM  
Address: 3915 SOUTH NOVA ROAD  
City-St-Zip: PORT ORANGE, FL 32127

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: JAMES G TRANHAM, DVM

DPST

02/09/2011

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

\_\_\_\_\_  
Date