2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2011
Secretary of State

DOCUMENT# P08000029932

Entity Name: COMPANION ANIMAL HOSPITAL LBS, INC.

Current Principal Place of Business:

605 HOUSTON AVENUE NW
LIVE OAK, FL 32064

New Principal Place of Business:

Current Mailing Address:

605 HOUSTON AVENUE NW
LIVE OAK, FL 32064

New Mailing Address:

FEI Number: 26-2295002 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SMITH, DIANA
13260 39TH PLACE
WELLBORN, FL 32094 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: SMITH, DIANA
Address: 13260 39TH PLACE
City-St-Zip: WELLBORN, FL 32094

Title: V
Name: BURD, DEBORAH M
Address: 7292 37TH RD
City-St-Zip: LIVE OAK, FL 32060

Title: ST
Name: LUCAS, PAMELA H
Address: 8009 155TH RD
City-St-Zip: LIVE OAK, FL 32060

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: PAMELA LUCAS ST 06/14/2011

Electronic Signature of Signing Officer or Director Date