2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2011
Secretary of State

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Entity Name: ANIMAL OASIS VETERINARY HOSPITAL , INC.

Current Principal Place of Business:

2700 IMMOKALEE ROAD
BUILDING 200 ,B SUITE 15
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

2700 IMMOKALEE ROAD
BUILDING 200, B SUITE 15
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 26-3315120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HUBER, STACEY DVM
3412 TIMBERWOOD CIRCLE
NAPLES, FL 34105 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: PVST
Name: HUBER, STACEY DVM
Address: 3412 TIMBERWOOD CIRCLE
City-St-Zip: NAPLES, FL 34105 US

Title: D
Name: HUBER, STACEY
Address: 3412 TIMBERWOOD CIRCLE
City-St-Zip: NAPLES, FL 34105 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: STACEY A HUBER DVM 01/11/2011

Electronic Signature of Signing Officer or Director Date