# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 10, 2011**
**Secretary of State**

DOCUMENT# P08000095524

**Entity Name:** AL SMOLLIN DVM P.A.

**Current Principal Place of Business:**

14720 LURAY RD
S W RANCHES, FL 33330 US

**New Principal Place of Business:**

14720 LURAY RD
SOUTHWEST RANCHES, FL 33330 US

**Current Mailing Address:**

1420 LURAY RD
SW RANCHES, F 3333 U

**New Mailing Address:**

14720 LURAY RD
SOUTHWEST RANCHES, FL 33330 US

**FEI Number: 26-3591003** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SMOLLIN, AL L DVM PA
14720 LURAY RD
S W RANCHES, FL 33330 US

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

SMOLLIN, AL L DVM PA
14720 LURAY RD
SOUTHWEST RANCHES, FL 33330 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: AL SMOLLIN DVM PA 02/10/2011
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: DIR
Name: SMOLLIN, AL L DVM PA
Address: 14720 LURAY RD
City-St-Zip: SOUTHWEST RANCHES, FL 33330 US

Title: DIR
Name: SMOLLIN, AL L DVM PA
Address: 14720 LURAY RD
City-St-Zip: SOUTHWEST RANCHES, FL 33330 US

Title: DIR
Name: SMOLLIN, AL
Address: 14720 LURAY RD
City-St-Zip: SOUTHWEST RANCHES, FL 33330 US

Title: DIR
Name: SMOLLIN, AL L DVM PA
Address: 14720 LURAY RD
City-St-Zip: SOUTHWEST RANCHES, F 33330 US

Title: DIR
Name: SMOLLIN, AL L DVM PA
Address: 14720 LURAY RD
City-St-Zip: SOUTHWEST RANCHES, F 33330 US

Title: DIR
Name: SMOLLIN, AL L DVM PA
Address: 14720 LURAY RD
City-St-Zip: SOUTHWEST RANCHES, F 33330 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: AL L SMOLLIN ,DVM PA DIR 02/10/2011
Electronic Signature of Signing Officer or Director Date