

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000110638

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** TOLEDO BLADE ANIMAL CLINIC, PA

**Current Principal Place of Business:**

3535 BOBCAT VILLAGE CENTER RD.  
UNIT 20A  
NORTH PORT, FL 34288

**New Principal Place of Business:**

3535 BOBCAT VILLAGE CENTER RD.  
NORTH PORT, FL 34288

**Current Mailing Address:**

6346 OPA LOCKA LANE  
NORTH PORT, FL 34291

**New Mailing Address:**

3535 BOBCAT VILLAGE CENTER RD.  
NORTH PORT, FL 34288

**FEI Number:** 26-3945427

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MINNICH, KRISTOPHER  
6346 OPA LOCKA LANE  
NORTH PORT, FL 34291 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** MINNICH, KRISTOPHER  
**Address:** 3535 BOBCAT VILLAGE CENTER RD.  
**City-St-Zip:** NORTH PORT, FL 34288

**Title:** TRES  
**Name:** MINNICH, STACY  
**Address:** 3535 BOBCAT VILLAGE CENTER RD.  
**City-St-Zip:** NORTH PORT, FL 34288

**Title:** SEC  
**Name:** MINNICH, STACY  
**Address:** 3535 BOBCAT VILLAGE CENTER RD.  
**City-St-Zip:** NORTH PORT, FL 34288

**Title:** DIR  
**Name:** MINNICH, KRISTOPHER  
**Address:** 3535 BOBCAT VILLAGE CENTER RD.  
**City-St-Zip:** NORTH PORT, FL 34288

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:** STACY MINNICH

TREA

02/22/2010

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

\_\_\_\_\_  
Date