2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# P08000110638

Entity Name: TOLEDO BLADE ANIMAL CLINIC, PA

Current Principal Place of Business:

3535 BOBCAT VILLAGE CENTER RD.
NORTH PORT, FL 34288

New Principal Place of Business:

Current Mailing Address:

3535 BOBCAT VILLAGE CENTER RD.
NORTH PORT, FL 34288

New Mailing Address:

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:

MINNICH, KRISTOPHER
1831 ARGONNE COURT
NORTH PORT, FL 34288 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: KRIS MINNICH 02/17/2011
Electronic Signature of Registered Agent Date

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 TRE 02/17/2011
Electronic Signature of Signing Officer or Director Date