

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000110638

FILED
Feb 13, 2012
Secretary of State

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
1831 ARGONNE COURT
NORTH PORT, FL 34288 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: 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: KRISTOPHER MINNICH

PRES

02/13/2012

Electronic Signature of Signing Officer or Director

Date