

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000007628

FILED  
Apr 30, 2010  
Secretary of State

**Entity Name:** COMPANION ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

453 ARCHAIC DR  
WINTER HAVEN, FL 33880

**New Principal Place of Business:**

1816 LYNNCREST RD.  
LAKELAND, FL 33801

**Current Mailing Address:**

453 ARCHAIC DR  
WINTER HAVEN, FL 33880

**New Mailing Address:**

**FEI Number:** 30-0530800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUNSON, PETER J  
1611 HARDEN BLVD  
LAKELAND, FL 33803 US

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

MATTSON, ARTHUR E  
453 ARCHAIC DR.  
WINTER HAVEN, FL 33880 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: ARTHUR E. MATTSON

04/30/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MATTSON, ARTHUR E  
Address: 453 ARCHAIC DR  
City-St-Zip: WINTER HAVEN, FL 33880

Title: D  
Name: MATTSON, PATRICIA G  
Address: 453 ARCHAIC DR  
City-St-Zip: WINTER HAVEN, FL 33880

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: ARTHUR E. MATTSON

PRES

04/30/2010

Electronic Signature of Signing Officer or Director

Date