

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000019355

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Entity Name:** VERANDAH PET HOSPITAL INC.

**Current Principal Place of Business:**

12630 OAK BEND DRIVE  
FT. MYERS, FL 33905

**New Principal Place of Business:**

14381 PALM BEACH BLVD.  
FT. MYERS, FL 33905

**Current Mailing Address:**

12630 OAK BEND DRIVE  
FT. MYERS, FL 33905

**New Mailing Address:**

14381 PALM BEACH BLVD.  
FT. MYERS, FL 33905

**FEI Number:** 26-4369719

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PIPER, DOUGLAS DVM  
12630 OAK BEND DRIVE  
FT. MYERS, FL 33905 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:** PST  
**Name:** PIPER, CHRISTINE M  
**Address:** 12630 OAK BEND DRIVE  
**City-St-Zip:** FT. MYERS, FL 33905

**Title:** VP  
**Name:** PIPER, DVM, DOUGLAS S  
**Address:** 12630 OAK BEND DRIVE  
**City-St-Zip:** FT. MYERS, FL 33905

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:** CHRISTINE M PIPER

PRES

04/21/2010

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

\_\_\_\_\_  
Date