

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000059666

FILED  
Feb 09, 2012  
Secretary of State

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

**Current Principal Place of Business:**

107 S RIVERSIDE PLACE  
INDIALANTIC, FL 32903

**New Principal Place of Business:**

**Current Mailing Address:**

107 S RIVERSIDE PLACE  
INDIALANTIC, FL 32903

**New Mailing Address:**

**FEI Number:** 27-0555080

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLOMBO, JOSEPH G ESQ  
2351 W EAU GALLIE BLVD SUITE 1  
MELBOURNE, FL 32935 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:** P  
**Name:** COLOMBO, REBECCA E  
**Address:** 541 NIGHTINGALE DRACE  
**City-St-Zip:** INDIALANTIC, FL 32903

**Title:** VP  
**Name:** COLOMBO, ROBERT L  
**Address:** 543 PEREGRINE DR  
**City-St-Zip:** INDIALANTIC, FL 32903

**Title:** T  
**Name:** COLOMBO, ROBERT P  
**Address:** 541 NIGHTINGALE DR  
**City-St-Zip:** INDIALANTIC, FL 32903

**Title:** S  
**Name:** COLOMBO, REBECCA E  
**Address:** 541 NIGHTINGALE DR  
**City-St-Zip:** INDIALANTIC, FL 32903

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:** ROBERT COLOMBO

VP

02/09/2012

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

\_\_\_\_\_  
Date