

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000096177

**FILED**  
**Dec 07, 2011**  
**Secretary of State**

**Entity Name:** ANIMAL HOSPITAL OF PORT ST JOE INC.

**Current Principal Place of Business:**

390 S TYNDALL PKWY #300  
PANAMA CITY, FL 32404

**New Principal Place of Business:**

300 LONG AVE  
PORT ST JOE, FL 32456

**Current Mailing Address:**

390 S TYNDALL PKWY #300  
PANAMA CITY, FL 32404

**New Mailing Address:**

300 LONG AVE  
PORT ST JOE, FL 32456

**FEI Number:** 80-0513189

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BYAS, ALBERT  
390 S TYNDALL PKWY #300  
PANAMA CITY, FL 32404 US

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

BYAS, ALBERT  
300 LONG AVE  
PORT ST JOE, FL 32456 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: ALBERT BYAS

12/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BYAS, ALBERT  
Address: 390 S TYNDALL PKWY #300  
City-St-Zip: PANAMA CITY, FL 32404

Title: VPT  
Name: BYAS, ALBERT  
Address: 390 S TYNDALL PKWY #300  
City-St-Zip: PANAMA CITY, FL 32404

Title: S  
Name: BYAS, ALBERT  
Address: 390 S TYNDALL PKWY #300  
City-St-Zip: PANAMA CITY, FL 32404

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: ALBERT BYAS

PRES

12/07/2011

Electronic Signature of Signing Officer or Director

Date