

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000039840

**FILED**  
**Mar 16, 2012**  
**Secretary of State**

**Entity Name:** ISLAND HAMMOCK PET HOSPITAL, INC.

**Current Principal Place of Business:**

98175 OVERSEAS HWY  
KEY LARGO, FL 33037

**New Principal Place of Business:**

**Current Mailing Address:**

98175 OVERSEAS HWY  
KEY LARGO, FL 33037

**New Mailing Address:**

**FEI Number:** 27-2859462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOCOL, JOHN A  
100 LIST ST  
ISLAMORADA, FL 33036 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: EDWARDS, MARTHA E DVM  
Address: PO BOX 491  
City-St-Zip: ISLAMORADA, FL 33036 UN

Title: PRES  
Name: KOCOL, JOHN A  
Address: PO BOX 491  
City-St-Zip: ISLAMORADA, FL 33036

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: JOHN KOCOL

PRES

03/16/2012

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

\_\_\_\_\_  
Date