

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P11000020833

**FILED**  
**Nov 06, 2012**  
**Secretary of State**

**Entity Name:** PRIMA VISTA ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

250 SW PRIMA VISTA BOULEVARD  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

250 SW PRIMA VISTA BOULEVARD  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

**FEI Number:** 27-5383256

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HESS, BRIAN D  
9108 FRONT BEACH RD.  
PANAMA CITY BEACH, FL 32407 US

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

CARLOS, THOMAS E DR  
5001 NORTH 12TH AVENUE  
PENSACOLA, FL 32504 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: THOMAS E CARLOS DR

11/06/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: CARLOS, THOMAS E DR.  
Address: 250 SW PRIMA VISTA BOULEVARD  
City-St-Zip: PORT ST. LUCIE, FL 34983

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: THOMAS E CARLOS DR

P

11/06/2012

Electronic Signature of Signing Officer or Director

Date