

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000024395

FILED
May 19, 2012
Secretary of State

Entity Name: HARBOURSIDE ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

10028 CROSS CREEK BLVD
TAMPA, FL 33647

New Principal Place of Business:

10323 CROSS CREEK BLVD
SUITE H
TAMPA, FL 33647 US

Current Mailing Address:

10028 CROSS CREEK BLVD
TAMPA, FL 33647

New Mailing Address:

10323 CROSS CREEK BLVD
SUITE H
TAMPA, FL 33647 US

FEI Number: 27-5521298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, EDWIN
10028 CROSS CREEK BLVD
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

MARTINEZ, EDWIN
10323 CROSS CREEK BLVD
SUITE H
TAMPA, FL 33647 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:

05/19/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: HODGE, TIMOTHY D
Address: 10323 CROSS CREEK BLVD, SUITE H
City-St-Zip: TAMPA, FL 33647

Title: DVST
Name: MARTINEZ, EDWIN
Address: 10323 CROSS CREEK BLVD, SUITE H
City-St-Zip: TAMPA, FL 33647

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: EDWIN MARTINEZ

DVST

05/19/2012

Electronic Signature of Signing Officer or Director

Date