

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000087453

**FILED**  
**Sep 19, 2012**  
**Secretary of State**

**Entity Name:** REGAL ANIMAL HOSPITAL INC.

**Current Principal Place of Business:**

8906 LANTANA ROAC  
LAKEWORTH, FL 33467

**New Principal Place of Business:**

8906 LANTANA ROAD  
LAKEWORTH, FL 33467

**Current Mailing Address:**

8906 LANTANA ROAC  
LAKEWORTH, FL 33467

**New Mailing Address:**

8906 LANTANA ROAD  
LAKEWORTH, FL 33467

**FEI Number:** 45-3577303

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:** DPS  
**Name:** JOYCE, JOHN  
**Address:** 8906 LANTANA ROAD  
**City-St-Zip:** LAKEWORTH, FL 33467

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 JOYCE

DPS

09/19/2012

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

\_\_\_\_\_  
Date