

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000011369

**Entity Name:** ALL PET CARE HOSPITAL, INC.

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1453 SUNSET POINT ROAD  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

1453 SUNSET POINT ROAD  
CLEARWATER, FL 33755

**New Mailing Address:**

**FEI Number:** 59-3155667

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SINGH, GURSAGAR  
1453 SUNSET POINT ROAD  
CLEARWATER, FL 33755 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D  
Name: SINGH, GURSAGAR  
Address: 2892 PHEASANT DRIVE  
City-St-Zip: PALM HARBOR, FL 34683

Title: V  
Name: SINGH, JATINDER P  
Address: 2892 PHEASANT DRIVE  
City-St-Zip: PALM HARBOR, FL 34683

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: GURSAGAR SINGH

VP

02/23/2010

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

\_\_\_\_\_  
Date