

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000057515

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** VETERINARY TECHNICAL INSTITUTE, INC.

**Current Principal Place of Business:**

4907 LEAST TERN CT.  
NAPLES, FL 34119 US

**New Principal Place of Business:**

5071 MAHOGANY RIDGE DR.  
NAPLES, FL 34119 US

**Current Mailing Address:**

4907 LEAST TERN CT.  
NAPLES, FL 34119 US

**New Mailing Address:**

5071 MAHOGANY RIDGE DR.  
NAPLES, FL 34119 US

**FEI Number:** 65-0432362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FISH, KIMBERLY A  
4907 LEAST TERN CT  
NAPLES, FL 34119 US

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

FISH, KIMBERLY A  
5071 MAHOGANY RIDGE DR.  
NAPLES, FL 34119 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/30/2012

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FISH, KIMBERLY A  
Address: 5071 MAHOGANY RIDGE DR.  
City-St-Zip: NAPLES, FL 34119

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: KIMBERLY A FISH

P

04/30/2012

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

\_\_\_\_\_  
Date