2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2011
Secretary of State

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Entity Name: GULFPORT VETERINARIAN CLINIC, INC.

Current Principal Place of Business:

5621 GULFPORT BLVD S
GULFPORT, FL 33707

New Principal Place of Business:

Current Mailing Address:

5621 GULFPORT BLVD S
GULFPORT, FL 33707

New Mailing Address:

FEI Number: 59-3202960 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NYJOLA S. GRYBAUSKAS, P.A.
3631 FIFTH AVE N
ST PETERSBURG, FL 33713 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: PVST
Name: OHMAN, BROOKS
Address: 5621 GULFPORT BLVD S
City-St-Zip: GULFPORT, FL 33707

Title: PVST
Name: OHMAN, BROOKS
Address: 10106 TARPON DR
City-St-Zip: TREASURE ISLAND, FL 33706

Title: PVST
Name: OHMAN, BROOKS
Address: 10106 TARPON DR
City-St-Zip: TREASURE ISLAND, FL 33706

Title: PVST
Name: OHMAN, BROOKS
Address: 10106 TARPON DR
City-St-Zip: TREASURE ISLAND, FL 33706

Title: PVST
Name: OHMAN, BROOKS
Address: 10106 TARPON DR
City-St-Zip: TREASURE ISLAND, FL 33706

Title: PVST
Name: OHMAN, BROOKS
Address: 10106 TARPON DR
City-St-Zip: TREASURE ISLAND, FL 33706

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: BROOKS OHMAN PVST 05/05/2011

Electronic Signature of Signing Officer or Director Date