

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P94000010262

**FILED**  
**Oct 06, 2011**  
**Secretary of State**

**Entity Name:** DUNNELLOAN ANIMAL HOSPITAL, P.A.

**Current Principal Place of Business:**

2238 WEST DUNNELLOAN RD  
DUNNELLOAN, FL 344333005 US

**New Principal Place of Business:**

**Current Mailing Address:**

2238 WEST DUNNELLOAN RD  
DUNNELLOAN, FL 344333005 US

**New Mailing Address:**

**FEI Number:** 59-3221377

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLANCHARD, DOCK A  
4 S.E. BROADWAY  
OCALA, FL 34471 US

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

MACK, PAUL  
2238 W DUNNELLOAN RD  
DUNNELLOAN, FL 34433 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: PAUL MACK

10/06/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MACK, PAUL  
Address: 2238 WEST DUNNELLOAN ROAD  
City-St-Zip: DUNNELLOAN, FL 344333005

Title: S  
Name: MACK, C  
Address: 2238 W DUNNELLOAN RD  
City-St-Zip: DUNNELLOAN, FL 34433

Title: S  
Name: MACK, RACHAEL  
Address: 2238 W DUNNELLOAN RD  
City-St-Zip: DUNNELLOAN, FL 34433 US

Title: S  
Name: MACK, KATHRYN  
Address: 2238 W DUNNELLOAN RD  
City-St-Zip: DUNNELLOAN, FL 34433 US

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: PAUL MACK

D

10/06/2011

Electronic Signature of Signing Officer or Director

Date