

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000020633

**FILED**  
**Feb 27, 2011**  
**Secretary of State**

**Entity Name:** FOX & FRIENDS ANIMAL HOSPITAL, P.A.

**Current Principal Place of Business:**

793 CORTARO DRIVE  
SUN CITY CENTER, FL 33573 US

**New Principal Place of Business:**

1024 CYPRESS VILLAGE BLVD  
RUSKIN, FL 33570 US

**Current Mailing Address:**

793 CORTARO DRIVE  
SUN CITY CENTER, FL 33573 US

**New Mailing Address:**

1024 CYPRESS VILLAGE BLVD  
RUSKIN, FL 33570 US

**FEI Number:** 65-0495233

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GAFFNEY, TERRI ESQ  
5201 WEST KENNEDY BLVD  
714  
TAMPA, FL 33609 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: DP  
Name: FOX, STEVEN J  
Address: 1024 CYPRESS VILLAGE BLVD  
City-St-Zip: RUSKIN, FL 33570 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: STEVEN J FOX

DP

02/27/2011

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

\_\_\_\_\_  
Date