2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# P94000027057

Entity Name: LAKEWOOD ANIMAL CLINIC, INC.

Current Principal Place of Business:

6052 SAN JOSE BLVD.
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6052 SAN JOSE BLVD.
JACKSONVILLE, FL 32217

New Mailing Address:

FEI Number: 59-3260696 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDLER, CRAIG W
6052 SAN JOSE BLVD.
JACKSONVILLE, FL 32217 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: P
Name: SANDLER, CRAIG W
Address: 9635 BEAUCLERC BLUFF ROAD
City-St-Zip: JACKSONVILLE, FL 32217

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: CRAIG W SANDLER DR 04/08/2011

Electronic Signature of Signing Officer or Director Date