

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000035554

**FILED**  
**Mar 18, 2010**  
**Secretary of State**

**Entity Name:** CHICKASAW TRAIL ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

8555 CURRY FORD RD.  
ORLANDO, FL 328258427 US

**New Principal Place of Business:**

**Current Mailing Address:**

8555 CURRY FORD RD.  
ORLANDO, FL 328258427 US

**New Mailing Address:**

**FEI Number:** 59-3244193

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUMPHRIES, J. GREGORY  
300 S ORANGE AVE.  
SUITE 1000  
ORLANDO, FL 32801 US

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

CORPORATION COMPANY OF ORLANDO  
300 S ORANGE AVE.  
SUITE 1000 (JGH)  
ORLANDO, FL 32801 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:** J. GREGORY HUMPHRIES, VP

03/18/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MEALEY, ANNE S  
**Address:** 2922 CARMIA DRIVE  
**City-St-Zip:** ORLANDO, FL 32806

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:** ANNE S. MEALEY, PRESIDENT

P

03/18/2010

Electronic Signature of Signing Officer or Director

Date