

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000041258

**FILED**  
**Feb 18, 2011**  
**Secretary of State**

**Entity Name:** CORAL REEF ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

615 ATLANTIC BLVD  
ATLANTIC BEACH, FL 32233 US

**New Principal Place of Business:**

**Current Mailing Address:**

615 ATLANTIC BLVD  
ATLANTIC BEACH, FL 32233 US

**New Mailing Address:**

**FEI Number:** 59-3243428      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LANGFORD, RICHARD  
615 ATLANTIC BLVD  
ATLANTIC BEACH, FL 32233 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: VET  
Name: LANGFORD, RICHARD  
Address: 615 ATLANTIC BLVD  
City-St-Zip: ATLANTIC BEACH, FL 32233 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: TATIANA LANGFORD

MNG

02/18/2011

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

\_\_\_\_\_  
Date