

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000059363

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** ISLAND ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

262 SUNSET AVENUE  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

262 SUNSET AVENUE  
PALM BEACH, FL 33480

**New Mailing Address:**

**FEI Number:** 65-0529487

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TURKELL, ANDREW DVM  
262 SUNSET AVENUE  
PALM BEACH, FL 33480 US

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

OCHSTEIN, D. BRADLEY DVM  
262 SUNSET AVENUE  
PALM BEACH, FL 33480 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: D. BRADLEY OCHSTEIN

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TURKELL, ANDREW  
Address: 204 SEABREEZE AVE  
City-St-Zip: DELRAY BEACH, FL 33483

Title: VP  
Name: OCHSTEIN, D. BRADLEY  
Address: 7841 PINE TREE LANE  
City-St-Zip: LAKE CLARK SHORES, FL 33460

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: D. BRADLEY OCHSTEIN

VP

04/29/2011

Electronic Signature of Signing Officer or Director

Date