2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000006537

FILED Apr 07, 2011 Secretary of State

Entity Name: ANIMAL & BIRD MEDICAL CENTER OF PALM HARBOR, INC.

Current Principal Place of Business: New Principal Place of Business:

34820 US HWY 19 NORTH
PALM HARBOR, FL 34683 US 94820 US HWY 19 NORTH
PALM HARBOR, FL 34684 US

Current Mailing Address: New Mailing Address:

34820 US HWY 19 NORTH
PALM HARBOR, FL 34683 US 94820 US HWY 19 NORTH
PALM HARBOR, FL 34684 US

FEI Number: 59-3298103 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MURPHY, JOEL DR.

34820 US HWY 19 NORTH
PALM HARBOR, FL 34683 US

MURPHY, JOEL DR.

34820 US HWY 19 NORTH
PALM HARBOR, FL 34684 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: 04/07/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PRES

 Name:
 MURPHY, JOEL DR.

 Address:
 34820 US HWY 19 NORTH

 City-St-Zip:
 PALM HARBOR, FL 34684

Title: VP

Name: MURPHY, CAROLINE A
Address: 34820 US HWY 19 NORTH
City-St-Zip: PALM HARBOR, FL 34684

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: DR. JOEL MURPHY PRES 04/07/2011