

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000086484

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** GULF WINDS ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

201 NORTH HIGHWAY 79  
PANAMA CITY BEACH, FL 32413

**New Principal Place of Business:**

**Current Mailing Address:**

201 NORTH HIGHWAY 79  
PANAMA CITY BEACH, FL 32413

**New Mailing Address:**

**FEI Number:** 59-3348512

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HAMILTON, MARK L  
201 NORTH HIGHWAY 79  
PANAMA CITY BEACH, FL 32413 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

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** FOUNTAIN, VICKI L D.V.M.  
**Address:** 201 NORTH HIGHWAY 79  
**City-St-Zip:** PANAMA CITY BEACH, FL 32413

**Title:** VTS  
**Name:** HAMILTON, MARK L  
**Address:** 201 NORTH HIGHWAY 79  
**City-St-Zip:** PANAMA CITY BEACH, FL 32413

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:** MARK HAMILTON

VTS

01/08/2010

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

\_\_\_\_\_  
Date