

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000042708

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** ROBERT A. MARRAZZO, D.V.M., P.A.

**Current Principal Place of Business:**

THE CAT HOSPITAL AT PALM HARBOR  
2501-D ALT 19N  
PALM HARBOR, FL 34683 US

**New Principal Place of Business:**

**Current Mailing Address:**

THE CAT HOSPITAL AT PALM HARBOR  
2501-D ALT 19N  
PALM HARBOR, FL 34683 US

**New Mailing Address:**

**FEI Number:** 59-3381218

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROMAN & ROMAN  
2196 MAIN STREET #L  
DUNEDIN, FL 34698 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: DR  
Name: MARRAZZO, ROBERT A  
Address: 1428 INDIAN TRAIL NORTH  
City-St-Zip: PALM HARBOR, FL 34683

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: ROBERT A MARRAZZO, DVM PA

PRES

03/17/2011

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

\_\_\_\_\_  
Date