## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000058279

Entity Name: WHOLISTIC VETERINARY CARE, P.A.

**FILED** Mar 02, 2010 Secretary of State

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

5500 HAINES ROAD 26139 HALSEY ROAD

SAINT PETERSBURG, FL 33714 US BROOKSVILLE, FL 34601 US

**Current Mailing Address: New Mailing Address:** 

5500 HAINES ROAD 26139 HALSEY ROAD

BROOKSVILLE, FL 34601 SAINT PETERSBURG, FL 33714 US US

FEI Number: 59-3392665 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:

CANNIZZARO, ROBIN L DVM CANNIZZARO, ROBIN L DVM 5500 HAINES ROAD 26139 HALSEÝ ROAD

SAINT PETERSBURG, FL 33714 US BROOKSVILLE, FL 34601 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.

03/02/2010 SIGNATURE: ROBIN L. CANNIZZARO DVM, CVA

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

CANNIZZARO, ROBIN L DVM Name: 26139 HALSEY ROAD Address: City-St-Zip: BROOKSVILLE, FL 34601

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: ROBIN L. CANNIZZARO DVM, CVA **PRES** 03/02/2010