

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P96000061889

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3819 BRADFORDVILLE ROAD  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

2807 CRAWFORDVILLE HIGHWAY  
CRAWFORDVILLE, FL 32327 US

**Current Mailing Address:**

3819 BRADFORDVILLE ROAD  
TALLAHASSEE, FL 32309 US

**New Mailing Address:**

**FEI Number:** 59-3390457

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUHRT, HEIDI M  
3819 BRADFORDVILLE ROAD  
TALLAHASSEE, FL 32309 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: HEIDI M. GUHRT

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GUHRT, HEIDI MARIE  
Address: 10850 LUNA POINT RD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: V  
Name: GUHRT, OTFRIED  
Address: 10850 LUNA POINT RD  
City-St-Zip: TALLAHASSEE, FL 32312

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: HEIDI M. GUHRT

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

PRES

01/12/2011

\_\_\_\_\_  
Date