2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2010
Secretary of State

DOCUMENT# P96000083166

Entity Name: MARIETTA ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

8141 RAMONA BLVD WEST
JACKSONVILLE, FL 32221

New Principal Place of Business:

Current Mailing Address:

10175 FORTUNE PKWY # 601
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3408348 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBISON, MARY A
1 INDEPENDENT DRIVE #2600
JACKSONVILLE, FL 32202 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: D
Name: CINQUE, RENE
Address: 8141 RAMONA BLVD WEST
City-St-Zip: JACKSONVILLE, FL 32221

Title: D
Name: SUGGS, ALLEN D
Address: 10175 FORTUNE PKWY # 601
City-St-Zip: JACKSONVILLE, FL 32221

Title: D
Name: CULPEPPER, ANDY
Address: 10175 FORTUNE PKWY # 601
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP
Name: SHARON, SANTERRE
Address: 10175 FORTUNE PKWY # 601
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP
Name: SUGGS, MICHAEL G
Address: 10175 FORTUNE PKWY # 601
City-St-Zip: JACKSONVILLE, FL 32256

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: RENE CINQUE D 04/27/2010

Electronic Signature of Signing Officer or Director Date