2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2011
Secretary of State

DOCUMENT# P97000103671

Entity Name: BLACK CREEK VETERINARY HOSPITAL P.A.

Current Principal Place of Business:

4106 COUNTY RD 218 W
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

4106 COUNTY RD 218 W
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: 59-3481247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRICE, B CRAIG
4106 COUNTY RD 218 WEST
MIDDLEBURG, FL 32068 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: PRES
Name: PRICE, B. CRAIG
Address: 1888 COMMODORE POINT DR
City-St-Zip: ORANGE PARK, FL 32003

Title: MGR
Name: COOK, STEPHENIE
Address: 4106 CR 218 WEST
City-St-Zip: MIDDLEBURG, FL 32068

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: STEPHENIE COOK MGR 02/04/2011

Electronic Signature of Signing Officer or Director Date