

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000004383

FILED  
Jan 08, 2012  
Secretary of State

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

**Current Principal Place of Business:**

7701 S.W. 79 COURT  
MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

7701 SW 79 COURT  
MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:** 65-0813703

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HASNER, MARK M  
1 SE 3RD AVE  
SUITE 2950  
MIAMI, FL 33131 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:** PD  
**Name:** DANIELS, DAVID B  
**Address:** 7701 S.W. 79 COURT  
**City-St-Zip:** MIAMI, FL 33143

**Title:** VPD  
**Name:** DANIELS, CYNTHIA  
**Address:** 7701 S.W. 79 COURT  
**City-St-Zip:** MIAMI, FL 33143

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: BEN DANIELS DVM

PD

01/08/2012

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

\_\_\_\_\_  
Date