

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000014642

FILED
Feb 18, 2011
Secretary of State

Entity Name: KATHLEEN ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

6315 KATHLEEN RD.
LAKE LAND, FL 338101943

New Principal Place of Business:

Current Mailing Address:

PO BOX 93010
LAKE LAND, FL 338043010

New Mailing Address:

FEI Number: 59-3492806 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WEIRATHER, ANTHONY D
6315 KATHLEEN ROAD
LAKE LAND, FL 33810 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: DP
Name: WEIRATHER, ANTHONY DR.
Address: 6315 KATHLEEN RD.
City-St-Zip: LAKE LAND, FL 33810

Title: DT
Name: WEIRATHER, PAMELA M
Address: 6315 KATHLEEN ROAD
City-St-Zip: LAKE LAND, FL 33810

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: ANTHONY WEIRATHER

DP

02/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date