

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000043734

**FILED**  
**Jun 01, 2011**  
**Secretary of State**

**Entity Name:** IMPERIAL POINT ANIMAL HOSPITAL OF PALM BEACH, INC.

**Current Principal Place of Business:**

16244 S MILITARY TRAIL  
#340  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

16244 S MILITARY TRAIL  
#340  
DELRAY BEACH, FL 33484

**New Mailing Address:**

4711 NE 25TH AVENUE  
FT LAUDERDALE, FL 33308

**FEI Number:** 65-0839083

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUZZETTI, ROBERT C  
1574 EAST COMMERCIAL BLVD.  
FORT LAUDERDALE, FL 33334 US

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

BUZZETTI, ROBERT C  
4711 NE 25TH AVENUE  
FORT LAUDERDALE, FL 33308 US

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:

06/01/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: BUZZETTI, ROBERT C  
Address: 4711 NE 25TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VP  
Name: BUZZETTI, GINA  
Address: 4711 NE 25TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: SEC  
Name: BUZZETTI, MICHAEL  
Address: 4711 NE 25TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33308

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: ROBERT C. BUZZETTI

PRES

06/01/2011

Electronic Signature of Signing Officer or Director

Date