2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000053652

Entity Name: ARCHIE KLEOPFER D.V.M. P.A.

FILED Apr 16, 2012 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------------------|-------------------------------------------|--|
| 1847 ARAGON AVE STE 1 | | | | |
| | US | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 1847 ARAGON AVE STE 1 LAKE WORTH, FL 33461 | | | | |
| FEI Number: 65-0864479 FE | El Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of I | Name and Address of New Registered Agent: | |
| KLEOPFER, ARCHIE DVM PA 215 GRAY ST. W. PALM BEACH, FL 33405 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: | | | | |
| Electronic Si | ignature of Registered Agen | t | Date | |
| | | | | |

OFFICERS AND DIRECTORS:

Title:

Name: ARCHIE, KLEOPFER Address: 215 GRAY ST

City-St-Zip: WEST PALM BCH, FL 33405

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: ARCHIE KLEOPFER DVM, PA PRES 04/16/2012