

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000073340

Entity Name: LEVY ANIMAL CLINIC, INC.

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

505 SOUTHWEST SEVENTH STREET  
WILLISTON, FL 32696

**New Principal Place of Business:**

**Current Mailing Address:**

505 SOUTHWEST SEVENTH STREET  
WILLISTON, FL 32696

**New Mailing Address:**

FEI Number: 59-3523614

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FUGATE, NORM  
248 NORTHWEST MAIN ST.  
WILLISTON, FL 32696 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: P  
Name: BULLOCK, ROBERT W  
Address: 505 S.W. 7TH ST.  
City-St-Zip: WILLISTON, FL 32696

Title: S  
Name: BULLOCK, SUSAN E  
Address: 505 S.W. 7TH ST.  
City-St-Zip: WILLISTON, FL 32696

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: SUSAN E. BULLOCK

SEC

01/21/2011

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

\_\_\_\_\_  
Date