

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000095032

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** ARK ANIMAL HOSPITAL OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

12585 PHILIPS HIGHWAY  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

1460 BARRINGTON CIRCLE  
ST. AUGUSTINE, FL 32092

**New Mailing Address:**

**FEI Number:** 59-3554804

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MAXWELL, ANNA K  
12585 PHILIPS HIGHWAY  
JACKSONVILLE, FL 32256 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: DPS  
Name: MAXWELL, ANNA K  
Address: 420 HEATHER PARK LANE  
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: T  
Name: CUTLER, SUSANNA M  
Address: 1460 BARRINGTON CIRCLE  
City-St-Zip: ST. AUGUSTINE, FL 32092

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: ANNA K. MAXWELL

DPS

01/27/2011

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

\_\_\_\_\_  
Date