

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000082645

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** ANIMAL MEDICAL CLINIC OF BELLE GLADE, INC.

**Current Principal Place of Business:**

208 NORTHWEST AVENUE L  
BELLE GLADE, FL 33430

**New Principal Place of Business:**

**Current Mailing Address:**

208 NORTHWEST AVENUE L  
BELLE GLADE, FL 33430

**New Mailing Address:**

**FEI Number:** 65-0957416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUMMMOND, GREG  
228 CORTEZ ROAD  
WEST PALM BEACH, FL 33405 US

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

DRUMMMOND, GREG  
228 CORTEZ ROAD  
WEST 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: GREG DRUMMOND

04/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PT  
Name: DRUMMOND, GREG  
Address: 228 CORTEZ RD.  
City-St-Zip: WEST PALM BEACH, FL 33405

Title: V  
Name: PHILLIP, PIERCE  
Address: 228 CORTEZ ROAD  
City-St-Zip: WEST PALM BEACH, 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: GREG DRUMMOND

PRES

04/04/2011

Electronic Signature of Signing Officer or Director

Date