## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000101185

Entity Name: PINEWOOD ANIMAL HOSPITAL, INC.

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1905 43RD AVE 935 SOUTH LAKES WAY VERO BEACH, FL 32960 VERO BEACH, FL 32968

Current Mailing Address: New Mailing Address:

1905 43RD AVE 935 SOUTH LAKES WAY VERO BEACH, FL 32960 VERO BEACH, FL 32968

FEI Number: 65-0964925 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

SCARPINATO, DENIS D

1905 43RD AVENUE

VERO BEACH, FL 32960

SCARPINATO, DENIS D

935 SOUTH LAKES WAY

VERO BEACH, FL 32968

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: 03/25/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: SCARPINATO, DENIS D Name: SCARPINATO, DENIS D

 Address:
 1905 43RD AVE
 Address:
 935 SOUTH LAKES WAY

 City-St-Zip:
 VERO BEACH, FL 32960
 City-St-Zip:
 VERO BEACH, FL 32968

Title: STD () Delete Title: STD (X) Change () Addition

 Name:
 SCARPINATO, SHERYL R
 Name:
 SCARPINATO, SHERYL R

 Address:
 1905 43RD AVE
 Address:
 935 SOUTH LAKES WAY

 City-St-Zip:
 VERO BEACH, FL 32960
 City-St-Zip:
 VERO BEACH, FL 32968

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DENIS D. SCARPINATO PRES 03/25/2009