

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S63873

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

1272 ALAFAYA TRAIL  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

1272 ALAFAYA TRAIL  
OVIEDO, FL 32765

**New Mailing Address:**

FEI Number: 59-3065504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOJA, ROBERT  
1272 ALAFAYA TRAIL  
OVIEDO, FL 32765 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: D  
Name: MOJA, ROBERT  
Address: 1550 BLUEWATER RUN  
City-St-Zip: CHULUOTA, FL 32766

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: ROBERT J. MOJA, DVM

OWNE

03/02/2011

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

\_\_\_\_\_ Date