2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2012
Secretary of State

DOCUMENT# S87907

Entity Name: ANIMAL MEDICAL CLINIC AT SAWGRASS VILLAGE, INC.

Current Principal Place of Business:

8000 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

8000 SAWGRASS VILLAGE CIRCLE
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 59-3054304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEUMAN, GARY L.
8000 SAWGRASS VILLAGE CIR
PONTE VEDRA, FL 32082 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: NEUMAN, GARY L
Address: 8000 SAWGRASS VILLAGE CIR
City-St-Zip: PONTE VEDRA, FL 32082

Title: SD
Name: NIKOLOV, NIKOLAY H
Address: 5090 PALM VALLEY RD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: GARY L. NEUMAN DVM PRES 04/13/2012

Electronic Signature of Signing Officer or Director Date