

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S94934

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** AVALON ANIMAL HOSPITAL, P.A.

**Current Principal Place of Business:**

6603 FLORIDA AVENUE  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

6603 FLORIDA AVENUE  
TAMPA, FL 33604

**New Mailing Address:**

FEI Number: 59-3104559

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GHABBOUR R GHABBOUR  
6603 FLORIDA AVENUE  
TAMPA, FL 33604 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: GHABBOUR, GHABBOUR R  
Address: 6603 FLORIDA AVNEUE  
City-St-Zip: TAMPA, FL

Title: SD  
Name: GHABBOUR, AIDA  
Address: 6603 FLORIDA AVENUE  
City-St-Zip: TAMPA, FL

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: GHABBOUR GHABBOUR

DP

04/26/2010

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

\_\_\_\_\_ Date