

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V11552

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** ANIMAL MEDICAL CENTER OF GULF BREEZE, INC.

**Current Principal Place of Business:**

3205 GULF BREEZE PKWY  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

3205 GULF BREEZE PKWY  
GULF BREEZE, FL 32563

**New Mailing Address:**

**FEI Number:** 59-3106903

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MUELLER, J. GUS  
3205 GULF BREEZE PKWY  
GULF BREEZE, FL 32563 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: PTS  
Name: MUELLER, J GUS DVM  
Address: 3205 GULF BREEZE PKWY  
City-St-Zip: GULF BREEZE, FL 32563

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: J GUS MUELLER

PRES

03/16/2011

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

\_\_\_\_\_  
Date