

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000000599

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** NOAH'S ARK ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

4338 BELL SHOALS RD.  
VALRICO, FL 33594

**New Principal Place of Business:**

**Current Mailing Address:**

4338 BELL SHOALS RD.  
VALRICO, FL 33594

**New Mailing Address:**

**FEI Number:** 01-0759863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUNTER, C. HOWARD  
101 EAST KENNEDY BLVD., STE. 3700  
TAMPA, FL 33602 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: PTD  
Name: HUNTER, SHARON R  
Address: 4338 BELL SHOALS RD.  
City-St-Zip: VALRICO, FL 33594

Title: VPSD  
Name: HUNTER, C. HOWARD  
Address: 101 EAST KENNEDY BLVD.  
City-St-Zip: TAMPA, FL 33602

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: C. HOWARD HUNTER

VP

03/21/2012

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

\_\_\_\_\_ Date