2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2013
Secretary of State
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Entity Name: BLACK CREEK VETERINARY HOSPITAL P.A.

Current Principal Place of Business:

4106 COUNTY RD 218 W
MIDDLEBURG, FL 32068

Current Mailing Address:

4106 COUNTY RD 218 W
MIDDLEBURG, FL 32068

FEI Number: 59-3481247

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRICE, B CRAIG
4106 COUNTY RD 218 WEST
MIDDLEBURG, FL 32068 US

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

Officer/Director Detail :

Title	PRES	Title	MGR
Name	PRICE, B. CRAIG	Name	COOK, STEPHENIE
Address	1888 COMMODORE POINT DR	Address	4106 CR 218 WEST
City-State-Zip:	ORANGE PARK FL 32003	City-State-Zip:	MIDDLEBURG FL 32068

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: STEPHENIE COOK CVPM HOSPITAL MANAGER 04/26/2013

Electronic Signature of Signing Officer/Director Detail — Date