

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000096995

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** SABAL PALM ANIMAL HOSPITAL, P.A.

**Current Principal Place of Business:**

8595 COLLIER BLVD.  
SUITE 110  
NAPLES, FL 34114

**New Principal Place of Business:**

**Current Mailing Address:**

8595 COLLIER BLVD.  
SUITE 110  
NAPLES, FL 34114

**New Mailing Address:**

**FEI Number:** 26-3666482      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GOTHARD, SHELLEY L  
4004 BRUSH LANE  
NAPLES, FL 34112    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: D  
Name: GOTHARD, SHELLEY L  
Address: 4004 BRUSH LANE  
City-St-Zip: NAPLES, FL 34112

Title: D  
Name: LOREMAN, TONYA  
Address: 2829 50TH ST. SW  
City-St-Zip: NAPLES, FL 34116

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: SHELLEY L. GOTHARD

D

04/04/2011

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

\_\_\_\_\_ Date