2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# F55896

Entity Name: TIMBERLANE ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

426 TIMBERLANE ROAD
TALLAHASSE, FL 32312

New Principal Place of Business:

Current Mailing Address:

426 TIMBERLANE ROAD
TALLAHASSE, FL 32312

New Mailing Address:

FEI Number: 59-2150206 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MITCHEL, GAEA, D.V.M.
426 TIMBERLAND ROAD
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

STEGE, JULIA DVM
426 TIMBERLANE ROAD
TALLAHASSEE, FL 32312 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: JULIA STEGE 01/21/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MITCHEL, GAEA,
Address: 426 TIMBERLAND RD
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: STEGE, JULIA DVM
Address: 426 TIMBERLANE RD
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JULIA STEGE PD 01/21/2009
Electronic Signature of Signing Officer or Director Date