

**2009 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000048938

**FILED  
Jan 20, 2009  
Secretary of State**

**Entity Name:** ANIMAL CLINIC OF WINDERMERE, INC.

**Current Principal Place of Business:**

1909 MAGUIRE RD  
1909 MAGUIRE ROAD  
WINDERMERE, FL 34786

**New Principal Place of Business:**

**Current Mailing Address:**

1909 MAGUIRE RD  
1909 MAGUIRE ROAD  
WINDERMERE, FL 34786

**New Mailing Address:**

**FEI Number:** 65-1008411      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

GRAHAM SR, JESSE E  
369 NORTH NEW YORK AVE., 3RD. FLOOR  
WINTER PARK, FL 32789 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D      ( ) Delete  
**Name:** PEARCE, DOUGLAS S  
**Address:** 9465 WESTOVER ROBERTS ROAD  
**City-St-Zip:** WINDERMERE, FL 34786

**Title:** C      ( ) Delete  
**Name:** PEARCE, MARY  
**Address:** 9465 WESTOVER ROBERTS ROAD  
**City-St-Zip:** WINDERMERE, FL 34786

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: MARY L PEARCE

C

01/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date