2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008
Secretary of State

DOCUMENT# P03000069703

Entity Name: JONESVILLE ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

14145 W. NEWBERRY RD
STE 102
NEWBERRY, FL 32669

New Principal Place of Business:

Current Mailing Address:

14145 W. NEWBERRY RD
STE 102
NEWBERRY, FL 32669

New Mailing Address:

FEI Number: 20-0067060 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LERMAN, JILL
14145 W. NEWBERRY RD
STE 102
NEWBERRY, FL 32669 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: LERMAN, JILL
Address: 3454 SW 103 RD ST
City-St-Zip: GAINESVILLE, FL 32607

Title: D ( ) Delete
Name: VLIET, KATHLEEN
Address: 16911 NW 129TH TERRACE
City-St-Zip: ALACHUA, FL 32615

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: JILL LERMAN PRES 01/28/2008

Electronic Signature of Signing Officer or Director — Date