

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000069703

FILED  
Jan 28, 2009  
Secretary of State

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: DR (X) Change ( ) Addition  
Name: LERMAN, JILL  
Address: 3454 SW 103 RD ST  
City-St-Zip: GAINESVILLE, FL 32608

Title: DR (X) Change ( ) Addition  
Name: VLIET, KATHLEEN  
Address: 16911 NW 129TH TERRACE  
City-St-Zip: ALACHUA, FL 32615

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

DR

01/28/2009

Electronic Signature of Signing Officer or Director

Date