

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000053779

FILED
Dec 18, 2008
Secretary of State**Entity Name:** CVC VETERINARY CENTERS, INC.**Current Principal Place of Business:**32801 US HWY 19 NORTH
SUITE 100
PALM HARBOR, FL 34684**New Principal Place of Business:****Current Mailing Address:**32801 US HWY 19 NORTH
SUITE 100
PALM HARBOR, FL 34684**New Mailing Address:****FEI Number:** 75-3152203 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**UCC FILING & SEARCH SERVICES INC.
1574 VILLAGE SQUARE BLVD #100
TALLAHASSEE, FL 32309 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:** CEOP ☒ Delete
Name: PLANES, WILLIAM SR.
Address: 32801 US HWY 19 NORTH SUITE 100
City-St-Zip: PALM HARBOR, FL 34684**Title:** DVP ☐ Delete
Name: PLANES, REGINA M
Address: 32801 US HWY 19 NORTH SUITE 100
City-St-Zip: PALM HARBOR, FL 34684**Title:** S ☐ Delete
Name: WHITE, LANGFRED W
Address: 32815 US HWY 19 N
City-St-Zip: PALM HARBOR, FL 34684**Title:** DVP ☐ Delete
Name: BROWN, SHEAWN
Address: 32801 US HWY 19 N SUITE 100
City-St-Zip: PALM HARBOR, FL 34684**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ☐ Change ☐ Addition
Name:
Address:
City-St-Zip:**Title:** ☐ Change ☐ Addition
Name:
Address:
City-St-Zip:**Title:** ☐ Change ☐ Addition
Name:
Address:
City-St-Zip:**Title:** DP ☒ Change ☐ Addition
Name: BROWN, SHEAWN
Address: 32801 US HWY 19 N SUITE 100
City-St-Zip: PALM HARBOR, FL 34684

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: LANGFRED W. WHITE

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12/18/2008

Electronic Signature of Signing Officer or Director_____
Date