

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000104303

FILED
Apr 15, 2009
Secretary of State

Entity Name: SOUTHWOOD ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

2528 CAPITAL CIRCLE S.E
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

1881-B N. MARTIN LUTHER KING BOULEVARD
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 55-0876699 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANAUSA, DANIEL E
3520 THOMASVILLE ROAD
FOURTH FLOOR
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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DR () Delete
Name: KASPER, SHERRI L
Address: 1881-B N. MARTIN LUTHER KING BLVD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: DR () Delete
Name: BRUMFIELD, KEVIN
Address: 1881-B N. MARTIN LUTHER KING BLVD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: DR () Delete
Name: BROWN, SONDR
Address: 1881-B N. MARTIN LUTHER KING BLVD.
City-St-Zip: TALLAHASSEE, FL 32303

Title: DR () Delete
Name: MOODOYAN, JULIE
Address: 1881-B N. MARTIN LUTHER KING BLVD.
City-St-Zip: TALLAHASSEE, FL 32303

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: () 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: SONDR BROWN

DR

04/15/2009

Electronic Signature of Signing Officer or Director

_____ Date