

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000010262

FILED
Mar 01, 2007
Secretary of State

Entity Name: DUNNELLOAN ANIMAL HOSPITAL, P.A.

Current Principal Place of Business:

2238 WEST DUNNELLOAN RD
DUNNELLOAN, FL 344333005 US

New Principal Place of Business:

Current Mailing Address:

2238 WEST DUNNELLOAN RD
DUNNELLOAN, FL 344333005 US

New Mailing Address:

FEI Number: 59-3221377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANCHARD, DOCK A
4 S.E. BROADWAY
OCALA, FL 34471 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: MACK, PAUL DR.
Address: 2238 WEST DUNNELLOAN ROAD
City-St-Zip: DUNNELLOAN, FL 344333005

Title: S () Delete
Name: MACK, CHERYL
Address: 2238 W DUNNELLOAN RD.
City-St-Zip: DUNNELLOAN, FL 344333005

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 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: D PAUL MACK

D

03/01/2007

Electronic Signature of Signing Officer or Director

_____ Date