2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# P96000081721

Entity Name: THE SURGI-CARE CENTER FOR HORSES, INC.

Current Principal Place of Business:

511 E BLOOMINGDALE AVE
BRANDON, FL 33511

New Principal Place of Business:

605 E BLOOMINGDALE AVE
BRANDON, FL 33511

Current Mailing Address:

511 E BLOOMINGDALE AVE
BRANDON, FL 33511

New Mailing Address:

605 E BLOOMINGDALE AVE
BRANDON, FL 33511

FEI Number: 59-3417934 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KANE, RICHARD
511 E BLOOMINGDALE AVE
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

KUEBELBECK, K. LEANN DVM
605 E BLOOMINGDALE AVE
BRANDON, FL 33511 US

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: K. LEANN KUEBELBECK 03/04/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KANE, RICHARD
Address: 511 E BLOOMINGDALE AVE
City-St-Zip: BRANDON, FL 33511

Title: D (X) Delete
Name: KUEBELBECK, K LEANN
Address: 511 E BLOOMINGDALE AVE
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: KUEBELBECK, K. LEANN
Address: 605 E BLOOMINGDALE AVE
City-St-Zip: BRANDON, FL 33511

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: K. LEANN KUEBELBECK DPS 03/04/2009
Electronic Signature of Signing Officer or Director Date