

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000103485

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Entity Name:** ATLANTIC COAST MOBILE VETERINARY SERVICES, INC.

**Current Principal Place of Business:**

11 FOREST VIEW WAY  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 5267  
ORMOND BEACH, FL 32175

**New Mailing Address:**

**FEI Number:** 59-3429039

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOOQUIDICE, JOE  
1595 RIDGEWOOD AVE  
STE A  
HOLLY HILL, FL 32117 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: RUDINSKI, E.J. DR.  
Address: 11 FOREST VIEW WAY  
City-St-Zip: ORMOND BEACH, FL 321764

I hereby 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 all other like empowered.

**SIGNATURE:** EDWARD J RUDINSKI D.V.M.

PVST

05/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date