2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000080669

Entity Name: HOMETOWN ANIMAL CLINIC, INC.

FILED Jan 07, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business:	New Principal Place of Business:
Jurrent Principal Place of Business:	New Principal Place of Business:

17100 ARVIDA PARKWAY 17100 ROYAL PALM BLVD WESTON, FL 33331 WESTON, FL 33326

Current Mailing Address: New Mailing Address:

17100 ARVIDA PARKWAY 17100 ROYAL PALM BLVD WESTON, FL 33331 WESTON, FL 33326

FEI Number: 65-0976248 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BELLOWS, JAN DVM
17100 DAVIDA PKWY
WESTON, FL 33362 US
BELLOWS, JAN DVM
17100 ROYAL PALM BLVD
WESTON, FL 33326 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: 01/07/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title:

PD () Delete Title: PD (X) Change () Addition

 Name:
 BELLOWS, JAN
 Name:
 BELLOWS, JAN

 Address:
 17100 ARVIDA PARKWAY
 Address:
 17100 ROYAL PALM BLVD

 City-St-Zip:
 WESTON, FL 33331
 City-St-Zip:
 WESTON, FL 33326

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 BELLOWS, ALLISON
 Name:
 BELLOWS, ALLISON

 Address:
 17100 ARVIDA PARKWAY
 Address:
 17100 ROYAL PALM BLVD

 City-St-Zip:
 WESTON, FL 33326
 City-St-Zip:
 WESTON, FL 33326

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 BELLOWS, DAVID
 Name:
 BELLOWS, DAVID

 Address:
 17100 ARVIDA PARKWAY
 Address:
 17100 ROYAL PALM BLVD

 City-St-Zip:
 WESTON, FL 33331
 City-St-Zip:
 WESTON, FL 33326

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: JAN BELLOWS PD 01/07/2008