


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90038 046 ***150.00

DOCUMENT # 267392			
1. Entity Name ANIMAL HEALTH CENTER INC			
Principal Place of Business 1224 OLD CORRY RD PENSACOLA, FL		Mailing Address 1224 OLD CORRY RD PENSACOLA, FL	
2. Principal Place of Business - No P.O. Box # 4300 Francisco Road,		3. Mailing Address 4300 Francisco Road,	
Suite, Apt. #, etc. #37		Suite, Apt. #, etc. #37	
City & State Pensacola, FL		City & State Pensacola, FL	
Zip 32504		Zip 32504	
Country		Country	
6. Name and Address of Current Registered Agent ARONSON, DAVID B 1224 OLD CORRY FIELD ROAD PENSACOLA, FL		7. Name and Address of New Registered Agent Name Kraselsky, Charles Street Address (P.O. Box Number is Not Acceptable) 4300 Francisco Road, #37 City Pensacola, FL Zip Code 32504	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARONSON, DAVID B 1224 OLD CORRY FIELD RD PENSACOLA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 850 Woodbine Drive Pensacola, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KRASELSKY, CHARLES 1224 OLD CORRY FIELD RD PENSACOLA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4300 Francisco Road, #37 Pensacola, FL 32504
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>D.B. Aronson</i> D.B. ARONSON DVM		Date	3/12/08 8504268381
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

40043100



01102008 Chg-P CR2E034 (12/06)

4. FEI Number
59-0998194 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required