2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# 356123

Entity Name: GIBSON & SPIKER/BLUFFS ANIMAL HOSPITAL, P.A.

Current Principal Place of Business:

320 NORTH INDIAN ROCKS ROAD
BELLEAIR BLUFFS
LARGO, FL 337702013 US

New Principal Place of Business:

Current Mailing Address:

320 NORTH INDIAN ROCKS ROAD
BELLEAIR BLUFFS
LARGO, FL 337702013 US

New Mailing Address:

FEI Number: 59-1280528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORGAN, DONALD H DVM
320 N INDIAN ROCKS RD
BELLEAIR BLUFFS, FL 33770 US

Name and Address of New Registered Agent:

MARQUARDT, J. MATTHEW
625 COURT STREET
SUITE 200
CLEARWATER, FL 33756 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: J. MATTHEW MARQUARDT 04/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MORGAN, DONALD H DVM
Address: 320 N INDIAN ROCKS RD
City-St-Zip: BELLEAIR BLUFFS,LARGO, FL 33770

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GIBSON, GUY C DVM
Address: 320 N INDIAN ROCKS RD
City-St-Zip: BELLEAIR BLUFFS,LARGO, FL 33770

Title: VPS ( ) Change (X) Addition
Name: SPIKER, DOUGLAS J DVM
Address: 320 N INDIAN ROCKS ROAD
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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: GUY C. GIBSON DVM P 04/29/2009
Electronic Signature of Signing Officer or Director Date