

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 463316

FILED
Jan 14, 2009
Secretary of State

Entity Name: TEIGLAND, FRANKLIN & BROKKEN, D.V.M.'S, P.A.

Current Principal Place of Business:

12277 SW 55TH ST
STE 909
COOPER CITY, FL 33330

New Principal Place of Business:

Current Mailing Address:

12277 SW 55TH ST
STE 909
COOPER CITY, FL 33330

New Mailing Address:

FEI Number: 59-1555520 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

IRA, MARCUS ESQ
1313 S. ANDREWS AVENUE
FORT LAUDERDALE, FL 33316 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BROKKEN, THOMAS D
Address: 5200 SW 136TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33330

Title: ST () Delete
Name: SOLOMON, BRUCE J
Address: 10261 SW 40TH ST
City-St-Zip: DAVIE, FL 33328

Title: V () Delete
Name: CASTRO, LUIS A
Address: 609 SW 168TH WAY
City-St-Zip: PEMBROKE PINES, FL 33027

Title: P () Delete
Name: HAY, SCOTT A
Address: 12751 SW 56TH ST
City-St-Zip: FT LAUDERDALE, FL 33330

Title: V () Delete
Name: BENITEZ, LUIS
Address: 2009 SW 159TH TERRACE
City-St-Zip: MIRAMAR, FL 33027

Title: V () Delete
Name: ZERILLI, JOSEPH
Address: 16821 ROYAL POINCIANA DRIVE
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SCOTT HAY

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date

Apr-15-09 11:14A



Thomas D. Brokken, D.V.M.
Scott A. Hay, D.V.M.
Bruce J. Solomon, D.V.M.
Luis A. Castro, D.V.M.
Luis Benitez, D.V.M.
Joseph A. Terilli, D.V.M.
Jacqueline S. Shellow, D.V.M., M.S.

463316 P.02
1-14-09
Sara P. Langsam, V.M.D.
C. Thomas Reid, V.M.D.
April D. Downey, V.M.D.
Sarah Barr, D.V.M.
Heidi S. Thomas, D.V.M.
Martine E. Rodgers, D.V.M.
Bonnie J. Comerford, D.V.M.

Sports Medicine for the Equine Athlete

April 15, 2009

Division of Corporations
Attn: Sean Toner
PO BOX 6327
Tallahassee, Florida 32314

Document # 463316

REF:
Teigland, Franklin, & Brokken, DVM's, P.A.
12277 SW 55th Street # 909
Ft. Lauderdale, FL 33330-3311

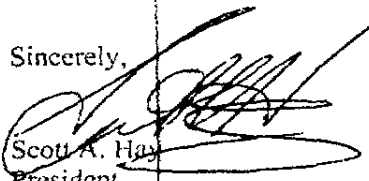
Please add the following Officers Name and Address to our annual report.

Title: VP
Name: Langsam, Sara
Address: 18 Harris Circle
Newark, DE 19711

Title: VP
Name: Barr, Sarah
Address: 3556 Geneva Avenue
Boynton Beach, FL 33436

Title: VP
Name: Reid, Charles Thomas
Address: 162 Bakersfield Drive
Middletown, DE 19709-9452

Sincerely,


Scott A. Hay
President

DVM Pres. Lewis