

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 513628

FILED
Jan 19, 2009
Secretary of State

Entity Name: SUNRISE ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

1190 NW 61 AVENUE
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

1190 NW 61 AVENUE
SUNRISE, FL 33313

New Mailing Address:

FEI Number: 59-1691267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, OLIVER R
1190 NW 61 AVE
SUNRISE, FL 33313 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: P () Delete
Name: JONES, OLIVER R.,
Address: 1190 N.W. 61ST AVE.
City-St-Zip: SUNRISE FL,

Title: S () Delete
Name: JONES, KRISTINE B.,
Address: 1190 N.W. 61ST AVE
City-St-Zip: SUNRISE FL,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: JONES, OLIVER R
Address: 1190 N.W. 61ST AVE.
City-St-Zip: SUNRISE, FL 33313 US

Title: S, D (X) Change () Addition
Name: JONES, KRISTINE B
Address: 1190 N.W. 61ST AVE
City-St-Zip: SUNRISE, FL 33313 US

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: KRISTINE B. JONES

SEC

01/19/2009

Electronic Signature of Signing Officer or Director

Date