2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 559686

FILED Jan 08, 2006 Secretary of State

Entity Name: GLENCOE VETERINARY HOSPITAL, INC.

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

423 N GLENCOE RD 419 N GLENCOE RD

NEW SMYRNA BCH, FL 32168 NEW SMYRNA BCH, FL 32168 US

Current Mailing Address: New Mailing Address:

423 N GLENCOE RD 419 N GLENCOE RD

NEW SMYRNA BCH, FL 32168 NEW SMYRNA BCH, FL 32168 US

FEI Number: 59-1833787 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:

BRYANT, JEANE
423 N GLENCOE RD

BRYANT, JEANE
419 N GLENCOE RD

NEW SMYRNA BEACH, FL 321684837 US NEW SMYRNA BEACH, FL 321684837 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: JEANE BRYANT 01/08/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Name: BRYANT, JEANE Name: BRYANT, JEANE
Address: 423 N. GLENCOE RD. Address: 419 N. GLENCOE RD.

City-St-Zip: NEW SMYRNA BEACH, FL 32168 City-St-Zip: NEW SMYRNA BEACH, FL 32168 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JEANE BRYANT PSTD 01/08/2006