2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# 604700

Entity Name: ANIMAL MEDICAL CLINIC (GODWIN AND JOINER), P.A.

Current Principal Place of Business:

4020 S BABCOCK STREET
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

4020 S BABCOCK STREET
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-1483983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DETTMER, DALE A ESQ
482 N HARBOR CITY BLVD
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

ANDERSON, PATRICK ESQ
930 S HARBOR CITY BLVD., SUITE 505
MELBOURNE, FL 32901 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. PATRICK ANDERSON 01/06/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: GODWIN, JEFFREY S DVM
Address: 4020 S. BABCOCK ST.
City-St-Zip: MELBOURNE, FL 32901

Title: VTD ( ) Delete
Name: JOINER, STEPHEN M DVM
Address: 4020 S. BABCOCK ST.
City-St-Zip: MELBOURNE, FL 32901

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: GODWIN, JEFFREY S DVM
Address: 4020 S. BABCOCK ST.
City-St-Zip: MELBOURNE, FL 32901

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

Title: SD ( ) Change (X) Addition
Name: THOMSON, MICHAEL J DVM
Address: 4020 S BABCOCK ST
City-St-Zip: MELBOURNE, FL 32901

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: JEFFREY S GODWIN DVM PRES 01/06/2009
Electronic Signature of Signing Officer or Director Date