

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604700

FILED  
Apr 02, 2010  
Secretary of State

**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:**

ANDERSON, PATRICK ESQ  
930 S HARBOR CITY BLVD., SUITE 505  
MELBOURNE, FL 32901 US

**Name and Address of New Registered Agent:**

ANDERSON, PATRICK ESQ  
2200 FRONT ST  
SUITE 301  
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:

04/02/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

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

Title: TD  
Name: YOUNG, ROBERT E DVM  
Address: 4020 S BABCOCK ST  
City-St-Zip: MELBOURNE, FL 32901

I hereby 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 all other like empowered.

SIGNATURE: JEFFREY S GODWIN DVM

PRES

04/02/2010

Electronic Signature of Signing Officer or Director

Date