2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2012
Secretary of State

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Entity Name: TIM K. MURRAY, D.V.M., P.A.

Current Principal Place of Business:

3201 CRILL AVE.
PALATKA, FL 321774158

New Principal Place of Business:

3201 CRILL AVE.
PALATKA, FL 321774158 US

Current Mailing Address:

3201 CRILL AVE.
PALATKA, FL 321774158

New Mailing Address:

3201 CRILL AVE.
PALATKA, FL 321774158 US

FEI Number: 59-1500543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TIM K. MURRAY, DVM
3201 CRILL AVENUE
PALATKA, FL 32177 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

OFFICERS AND DIRECTORS:

Title: PD
Name: TIM K. MURRAY, DVM
Address: 3201 CRILL AVENUE
City-St-Zip: PALATKA, FL 32177 US

Title: VPO
Name: VIRGINIA P. MURRAY
Address: 3201 CRILL AVE.
City-St-Zip: PALATKA, FL 32177 US

Title: S
Name: JENNIFER M. WELLS, DVM
Address: 3201 CRILL AVE
City-St-Zip: PALATKA, FL 32177 US

Title: D
Name: KELLY M. JOHNSON, DVM
Address: 3201 CRILL AVE
City-St-Zip: PALATKA, FL 32177 US

Title: TD
Name: SHANE E. MURRAY
Address: 3201 CRILL AVE.
City-St-Zip: PALATKA, FL 32177 US

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: SHANE E. MURRAY TD 04/20/2012

Electronic Signature of Signing Officer or Director — Date