2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2009
Secretary of State

DOCUMENT# 626728

Entity Name: FORD EQUINE HOSPITAL, INC.

Current Principal Place of Business:

405 S.E. 15TH
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

405 S.E. 15TH
OCALA, FL 34471 US

New Mailing Address:

FEI Number: 59-1912641 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORD, JACQUES
405 S.E. 15TH AVE.
OCALA, FL 34471 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: VS ( ) Delete
Name: FORD, JACQUES,
Address: 405 S.E. 15TH AVE
City-St-Zip: OCALA, FL 34471

Title: PTD ( ) Delete
Name: FORD, JACQUES,
Address: 10835 NW US HWY 27
City-St-Zip: OCALA, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PTD (X) Change ( ) Addition
Name: FORD, JACQUES,
Address: 405 SE 15 AVE
City-St-Zip: OCALA, FL 34471

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: JACQUES FORD PTD 03/31/2009

Electronic Signature of Signing Officer or Director Date