2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 644881

Entity Name: LANTANA-ATLANTIS ANIMAL HOSPITAL, P.A.

FILED Jan 14, 2009 Secretary of State

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

3530 N. LANTANA ROAD 170 BISCAYNE BLVD. LANTANA, FL 33462 ISLAMORADA, FL 33036

Current Mailing Address: New Mailing Address:

3530 N. LANTANA ROAD 170 BISCAYNE BLVD. LANTANA, FL 33462 ISLAMORADA, FL 33036

FEI Number: 59-1951272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

SAXE, DR NANCY J SAXE, NANCY J., D.V.M.
3530 N. LANTANA ROAD 170 BISCAYNE BLVD.
LANTANA, FL 33462 US ISLAMORADA, FL 33036 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: NANCY J. SAXE, D.V.M. 01/14/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 SAXE, NANCY J,
 Name:
 SAXE, NANCY J,

 Address:
 1819 HIGH RIDGE RD.
 Address:
 170 BISCAYNE BLVD.

 City-St-Zip:
 LAKE WORTH, FL 33461
 City-St-Zip:
 ISLAMORADA, FL 33036

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: NANCY J. SAXE, D.V.M. P 01/14/2009