

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728904

FILED
Jan 09, 2006
Secretary of State

Entity Name: ANIMAL BIRTH CONTROL OF MARTIN COUNTY, INCORPORATED

Current Principal Place of Business:

P.O. BOX 199
STUART, FL 34995

New Principal Place of Business:

P.O. BOX 1468
PALM CITY, FL 34991

Current Mailing Address:

P.O. BOX 199
STUART, FL 34995

New Mailing Address:

P.O. BOX 1468
PALM CITY, FL 34991

FEI Number: 59-1710494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GAMBA, PAUL A.
32 EAST OENA BLVD
STUART FL, FL US

Name and Address of New Registered Agent:

MURPHY III, JOSEPH A
48 S.E. OSCEOLA STREET
STUART, FL 34994 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: JOSEPH A. MURPHY III

01/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: WILLIAMS, ISABEL
Address: 525 BRYANT AVENUE
City-St-Zip: STUART, FL 34994

Title: T () Delete
Name: BUTLER, DOROTHY,
Address: 952 CASTANEDA LN
City-St-Zip: PT ST LUCIE, FL

Title: PD () Delete
Name: WURZ, JANE,
Address: S.E. MANATEE COVE RD.
City-St-Zip: PT. SALERNO, FL

Title: TD () Delete
Name: KRUPP, PAULINE,
Address: 615 OVERLOOK DR
City-St-Zip: STUART, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: TOTO, MARY M
Address: 4402 S.W. THICKET COURT
City-St-Zip: PALM CITY, FL 34990

Title: VP (X) Change () Addition
Name: CADDIGAN, DEIRDRE A
Address: 2282 S.W. NIGHTINGALE TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: S (X) Change () Addition
Name: HOLZINGER, LINDA
Address: 1850 S.W. CRANE CREEK AVENUE
City-St-Zip: PALM CITY, FL 34990

Title: T (X) Change () Addition
Name: TOTO, JOSEPH P
Address: 4402 S.W. THICKET COURT
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEIRDRE A. CADDIGAN

VP

01/09/2006

Electronic Signature of Signing Officer or Director

Date