2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2009
Secretary of State

DOCUMENT# 728904

Entity Name: ANIMAL BIRTH CONTROL OF MARTIN COUNTY, INCORPORATED

Current Principal Place of Business:

4402 S.W. THICKET COURT
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1468
PALM CITY, FL 34991

New Mailing Address:

FEI Number: 59-1710494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURPHY III, JOSEPH A
48 S.E. OSCEOLA STREET
STUART, FL 34994 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 ( ) Delete
Name: TOTO, MARY M
Address: 4402 S.W. THICKET COURT
City-St-Zip: PALM CITY, FL 34990

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP ( ) Change (X) Addition
Name: MATZ, JOANNE
Address: 6944 SE BUNKER HILL DRIVE
City-St-Zip: HOBE SOUND, FL 33455

Title: T ( ) Change (X) Addition
Name: LAGANA, SANDRA
Address: 5701 STUART WEST BLVD
City-St-Zip: PALM CITY, FL 34990

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY M TOTO PD 04/03/2009

Electronic Signature of Signing Officer or Director — Date