

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 15, 2009
Secretary of State**

DOCUMENT# 769394

Entity Name: MIRACLE STRIP VETERINARY MEDICAL SOCIETY, INC.

Current Principal Place of Business:

900 AIRPORT ROAD
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

900 AIRPORT ROAD
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 59-2951904 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HAEUSLER, KELLY A
900 AIRPORT ROAD
DESTIN, FL 32541 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: P () Delete
Name: BLUMER, PHIL
Address: 623 BEAL PRKWY
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: VP () Delete
Name: HAEUSLER, KELLY
Address: 900 AIRPORT ROAD
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: KELLY A. HAEUSLER

VP

01/15/2009

Electronic Signature of Signing Officer or Director

_____ Date