

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21752

FILED
Apr 28, 2009
Secretary of State

Entity Name: SHANK ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

% JERRY P SHANK
3225 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 333096055

New Principal Place of Business:

Current Mailing Address:

% JERRY P SHANK
3225 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 333096055

New Mailing Address:

FEI Number: 59-2110311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHANK, JERRY P
3225 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL US

Name and Address of New Registered Agent:

SHANK, JERRY P
3225 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 333036055 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:

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: SHANK, EARL
Address: 2500 NE CENTER AVE.
City-St-Zip: FT. LAUDERDALE, FL

Title: A () Delete
Name: CRONE, ELDON S.
Address: 2500 NE CENTER AVE.
City-St-Zip: FT. LAUDERDALE, FL

Title: AS () Delete
Name: SHANK, FLOY W.
Address: 2500 NE CENTER AVE.
City-St-Zip: FT. LAUDERDALE, FL

Title: PD () Delete
Name: SHANK, JERRY P.
Address: 3225 S. ANDREWS AVE.
City-St-Zip: FT. LAUDERDALE, FL

Title: ST () Delete
Name: SHANK, CONSTANCE E.
Address: 3225 S. ANDREWS AVE.
City-St-Zip: FT. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

SIGNATURE: JERRY P SHANK

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date