2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2010
Secretary of State

DOCUMENT# F92732

Entity Name: KISSIMMEE ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

403 EAST VINE STREET
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

1101 MIRANDA LANE
KISSIMMEE, FL 347410769

New Mailing Address:

403 EAST VINE STREET
KISSIMMEE, FL 34744

FEI Number: 59-2220547 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BORGMAN, GARY A.
403 EAST VINE STREET
KISSIMMEE, FL 34744 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP
Name: BORGMAN, GARY A
Address: 403 EAST VINE ST
City-St-Zip: KISSIMMEE, FL 34744

Title: DST
Name: BORGMAN, JOY A
Address: 403 EAST VINE ST
City-St-Zip: KISSIMMEE, FL 34744

Title: V
Name: BORGMAN, WESLEY
Address: 403 EAST VINE ST
City-St-Zip: KISSIMMEE, FL 34744

Title: V
Name: PRATHER, ANDREW
Address: 403 EAST VINE ST
City-St-Zip: KISSIMMEE, FL 34744

I hereby 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 all other like empowered.

SIGNATURE: GARY A. BORGMAN PRES 04/30/2010

Electronic Signature of Signing Officer or Director — Date