

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97635

FILED  
Mar 11, 2008  
Secretary of State

**Entity Name:** SEBASTIAN ANIMAL HOSPITAL AND BIRD CLINIC, INC.

**Current Principal Place of Business:**

INC.  
948 US #1  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

INC.  
948 US #1  
SEBASTIAN, FL 32958

**New Mailing Address:**

**FEI Number:** 59-2217868

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SLADE, J JEFFREY  
948 US #1  
SEBASTIAN, FL 32958 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 ( ) Delete  
**Name:** SLADE, J JEFFREY,  
**Address:** 948 U.S. 1  
**City-St-Zip:** SEBASTIAN, FL 32958 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**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:** J JEFFREY SLADE

PRES

03/11/2008

Electronic Signature of Signing Officer or Director

Date