

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H08723

FILED
Mar 15, 2008
Secretary of State

Entity Name: THOMAS JOSEPH MOLE, D.V.M., P.A.

Current Principal Place of Business:

CURRY FORD ANIMAL HOSP
ORLANDO, FL 32822 US

New Principal Place of Business:

CURRY FORD ANIMAL HOSP
7321 CURRY FORD ROAD
ORLANDO, FL 32822 US

Current Mailing Address:

6670 THE LANDINGS DR
ORLANDO, FL 32812 US

New Mailing Address:

FEI Number: 59-2480613 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MOLE, THOMAS JOSEPH
7321 CURRYFORD ROAD
ORLANDO, FL 32822 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: PD () Delete
Name: MOLE, THOMAS JOSEPH,
Address: 6670 THE LANDINGS DRIVE
City-St-Zip: ORLANDO, FL 32812

Title: O () Delete
Name: MOLE, SUSAN DENISE,
Address: 6670 THE LANDINGS DR
City-St-Zip: ORLANDO, FL 32812

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

SIGNATURE: SUSAN D. MOLE

MRS.

03/15/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date