

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H10812

FILED
Feb 05, 2009
Secretary of State

Entity Name: DOUGLAS S. HAGLER, D.V.M., P.A.

Current Principal Place of Business:

P. O. BOX 851
U.S. HIGHWAY #441
LAKE CITY, FL 32055

New Principal Place of Business:

2418 S MARION AVE.
LAKE CITY, FL 32025

Current Mailing Address:

P. O. BOX 851
U.S. HIGHWAY #441
LAKE CITY, FL 32055

New Mailing Address:

P. O. BOX 851
LAKE CITY, FL 32056

FEI Number: 59-2415330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGLER, KENNETH D.
THREE PALM ROW
ST. AUGUSTINE, FL 32084 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: HAGLER, DOUGLAS S.,
Address: US HWY #441, PO BOX 851 N/A
City-St-Zip: LAKE CITY, FL 32056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: HAGLER, DOUGLAS S.,
Address: US HWY #441, PO BOX 851 N/A
City-St-Zip: LAKE CITY, FL 32056

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: DOUGLAS S. HAGLER,DVM

DR.

02/05/2009

Electronic Signature of Signing Officer or Director

Date