2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# H11199

Entity Name: ANIMAL MEDICAL CLINIC OF PANAMA CITY BEACH, INC.

Current Principal Place of Business:

8501 FRONT BEACH RD
PANAMA CITY BEACH, FL 32407

New Principal Place of Business:

Current Mailing Address:

8501 FRONT BEACH RD
PANAMA CITY BEACH, FL 32407

New Mailing Address:

FEI Number: 59-2424923 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCLELLAND, SCOTT D
8501 FRONT BEACH RD.
PANAMA CITY BEACH, FL 35407 US

Name and Address of New Registered Agent:

MCLELLAND, SCOTT D DVM
8501 FRONT BEACH RD.
PANAMA CITY BEACH, FL 35407 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: RACHEL REECE 02/24/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCLELLAND, SCOTT D
Address: 8905 FRONT BEACH ROAD
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: PD ( ) Delete
Name: SLEETH, CHARLES D
Address: 8905 FRONT BEACH ROAD
City-St-Zip: PANAMA CITY BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MCLELLAND, SCOTT D DVM
Address: 8501 FRONT BEACH ROAD
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: PD (X) Change ( ) Addition
Name: SLEETH, CHARLES D DVM
Address: 8501 FRONT BEACH ROAD
City-St-Zip: PANAMA CITY BEACH, FL 32407

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: RACHEL REECE BK 02/24/2009
Electronic Signature of Signing Officer or Director Date