

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H11199

FILED
Apr 28, 2010
Secretary of State

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 DVM
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 32407 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: SCOTT D. MCLELLAND

04/28/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: MCLELLAND, SCOTT D DVM
Address: 8501 FRONT BEACH ROAD
City-St-Zip: PANAMA CITY BEACH, FL 32407

Title: ST
Name: SLEETH, CHARLES D DVM
Address: 8501 FRONT BEACH ROAD
City-St-Zip: PANAMA CITY BEACH, FL 32407

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: SCOTT D. MCLELLAND

P

04/28/2010

Electronic Signature of Signing Officer or Director

Date