

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H12652

FILED  
Mar 29, 2008  
Secretary of State

Entity Name: ADVENTURE ANIMAL HOSPITAL, INC.

## Current Principal Place of Business:

8704 JACKSON SPRINGS ROAD  
TAMPA, FL 33615 US

## New Principal Place of Business:

## Current Mailing Address:

8704 JACKSON SPRINGS ROAD  
TAMPA, FL 33615 US

## New Mailing Address:

FEI Number: 59-1845146      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BONSACK, FRANK A D.V.M.  
8704 JACKSON SPRINGS ROAD  
TAMPA, FL 33615 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: DPT ( ) Delete  
Name: BONSACK, FRANK A D.V.M.  
Address: 8210 WESTRIDGE DR  
City-St-Zip: TAMPA, FL 33615 US

Title: DVS ( ) Delete  
Name: BONSACK, BARBARA G  
Address: 8210 WESTRIDGE DR  
City-St-Zip: TAMPA, FL 33615 US

Title: VD ( ) Delete  
Name: HULL, MARIA I  
Address: 323 MEDLIN RD.  
City-St-Zip: FRANKLIN, NC 28734 US

Title: VD ( ) Delete  
Name: BEST, KATHY A  
Address: 8119 SILVER SPUR DRIVE  
City-St-Zip: ARLINGTON, TX 76001 US

Title: VD ( ) Delete  
Name: BONSACK, FRANK C C  
Address: 14425 PEPPERPINE DRIVE  
City-St-Zip: TAMPA, FL 33626 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: BONSACK, FRANK C  
Address: 14425 PEPPERPINE DRIVE  
City-St-Zip: TAMPA, FL 33626 US

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: FRANK A. BONSACK

DR.

03/29/2008

Electronic Signature of Signing Officer or Director

Date