2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2009
Secretary of State

DOCUMENT# K12970

Entity Name: MURPHY VETERINARY CLINIC, INC.

Current Principal Place of Business:

MURPHY VETERINARY CLINIC
2620 S. ORLANDO DR
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

MURPHY VETERINARY CLINIC
2620 S. ORLANDO DR
SANFORD, FL 32773

New Mailing Address:

FEI Number: 59-2872443 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAYNE, SUSAN T DVM
2620 S. ORLANDO DR
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

WAYNE, SUSAN I DVM
2620 S. ORLANDO DR
SANFORD, FL 32773 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: SUSAN I WAYNE 08/31/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WAYNE, SUSAN
Address: 2620 ORLANDO DR
City-St-Zip: SANFORD, FL

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP ( ) Change (X) Addition
Name: CONDON, PATRICK M
Address: 2620 ORLANDO DR
City-St-Zip: SANFORD, FL 32773 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: SUSAN I WAYNE P 08/31/2009
Electronic Signature of Signing Officer or Director Date