

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K12970

FILED  
Jan 28, 2010  
Secretary of State

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 I DVM  
2620 S. ORLANDO DR  
SANFORD, FL 32773      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: P  
Name: WAYNE, SUSAN  
Address: 2620 ORLANDO DR  
City-St-Zip: SANFORD, FL

Title: VP  
Name: CONDON, PATRICK M  
Address: 2620 ORLANDO DR  
City-St-Zip: SANFORD, FL 32773 US

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: SUSAN I WAYNE DVM

P

01/28/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date