

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90221 001 ***150.00
 03-24-2008 90221 002 *****8.75

DOCUMENT # K97475

1. Entity Name
ALL CREATURES VETERINARY CLINIC, P.A.



Principal Place of Business
2911 S. RIDGEWOOD AVENUE
SOUTH DAYTONA, FL 32119 US

Mailing Address
22911 S. RIDGEWOOD AVENUE
SOUTH DAYTONA, FL 32119

66004835



DO NOT WRITE IN THIS SPACE

03112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2974208	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FREIBERG, THOMAS A
2911 S. RIDGEWOOD AVENUE
SOUTH DAYTONA, FL 32119

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS FREIBERG, THOMAS A 2911 S. RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32119
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas A. Freiberg Pres.* **THOMAS A. FREIBERG** 3-11-08 (386) 788-1990
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #