2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# L77857

Entity Name: WELLS ROAD VETERINARY MEDICAL CENTER, INC.

Current Principal Place of Business:

1447 WELLS RD.
ORANGE PARK, FL 32073 US

New Principal Place of Business:

6225 CHRISTOPHER CREEK CT
JACKSONVILLE, FL 32217 US

Current Mailing Address:

1447 WELLS RD.
ORANGE PARK, FL 32073 US

New Mailing Address:

6225 CHRISTOPHER CREEK CT
JACKSONVILLE, FL 32217 US

FEI Number: 59-3013538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHELTON, SUSAN G. D
1447 WELLS RD.
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

SHELTON, SUSAN G. D
6225 CHRISTOPHER CREEK CT
JACKSONVILLE, FL 32217 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 SHELTON 03/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHELTON, SUSAN G DR
Address: 1447 WELLS RD.
City-St-Zip: ORANGE PARK, FL 32073 US

Title: DR ( ) Delete
Name: HARRIS, MICHAL A DR
Address: 1447 WELLS RD.
City-St-Zip: ORANGE PARK, FL 32073 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SHELTON, SUSAN G DR
Address: 6225 CHRISTOPHER CREEK CT
City-St-Zip: ORANGE PARK, FL 32217 US

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

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 SHELTON PD 03/30/2009
Electronic Signature of Signing Officer or Director Date