

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L94375

FILED
Mar 20, 2008
Secretary of State

Entity Name: BARTOS VETERINARY CLINIC, P.A.

Current Principal Place of Business:

1402 DUNLAWTON AVENUE
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

1402 DUNLAWTON AVENUE
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 59-2976918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTOS, KATHLEEN D.
1402 DUNLAWTON AVENUE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

BARTOS, KATHLEEN D D.V.M.
1402 DUNLAWTON AVENUE
PORT ORANGE, FL 32127 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: KATHLEEN D. BARTOS, D.V.M.

03/20/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: BARTOS, KATHLEEN D., MSDV
Address: 1402 DUNLAWTON AVE.
City-St-Zip: PORT ORANGE, FL

Title: TREA () Delete
Name: BARTOS, LOUIS J
Address: 1402 DUNLAWTON AVE.
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: BARTOS, KATHLEEN D D.V.M.
Address: 1402 DUNLAWTON AVE.
City-St-Zip: PORT ORANGE, FL 32127 US

Title: TREA (X) Change () Addition
Name: BARTOS, LOUIS J
Address: 1402 DUNLAWTON AVE.
City-St-Zip: PORT ORANGE, FL 32127 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: KATHLEEN D. BARTOS, D.V.M.

PS

03/20/2008

Electronic Signature of Signing Officer or Director

Date