

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L94375

FILED  
Mar 07, 2009  
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:

1734 DUNLAWTON AVENUE  
PORT ORANGE, FL 32127

## Current Mailing Address:

1402 DUNLAWTON AVENUE  
PORT ORANGE, FL 32127

## New Mailing Address:

1734 DUNLAWTON AVENUE  
PORT ORANGE, FL 32127

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 D.V.M.  
1402 DUNLAWTON AVENUE  
PORT ORANGE, FL 32127 US

## Name and Address of New Registered Agent:

BARTOS, KATHLEEN D D.V.M.  
1734 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:

03/07/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change ( ) Addition  
Name: BARTOS, KATHLEEN D D.V.M.  
Address: 1734 DUNLAWTON AVE.  
City-St-Zip: PORT ORANGE, FL 32127 US

Title: TREA (X) Change ( ) Addition  
Name: BARTOS, LOUIS J  
Address: 1734 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 DVM

PS

03/07/2009

Electronic Signature of Signing Officer or Director

Date