2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009368

Entity Name: SPAY & NEUTER CLINIC OF SW FLA., INC.

FILED Aug 03, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

360 DESOTO BLVD. S 591 6TH ST NE NAPLES, FL 34117 NAPLES, FL 34120

Current Mailing Address: New Mailing Address:

 360 DESOTO BLVD. S.
 591 6TH ST NE

 NAPLES, FL 34117
 NAPLES, FL 34120

FEI Number: 26-1310877 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAHAIE, JESSICA L

360 DESOTO BLVD. S.

NAPLES, FL 34117 US

DIAZ, PALLAS
591 6TH ST NE
NAPLES, FL 34120 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: PALLAS DIAZ 08/03/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 LAHAIE, JESSICA L
 Name:
 DIAZ, PALLAS

 Address:
 360 DESOTO BLVD. S.
 Address:
 591 6TH ST NE

 City-St-Zip:
 NAPLES, FL 34117
 City-St-Zip:
 NAPLES, FL 34120

Title: VP () Delete Title: VP (X) Change () Addition

Name: DIAZ, PALLAS N Name: WEATHERFORD, SUE

Address: 591 6TH ST NE Address: 2113 IMPERIAL GOLF COURSE BLVD.

City-St-Zip: NAPLES, FL 34120 City-St-Zip: NAPLES, FL 34110

Title: GM () Delete Title: DIR. (X) Change () Addition

 Name:
 LARRISON, YUKO M
 Name:
 DIAZ, EFRAIN

 Address:
 161 11TH ST NW
 Address:
 591 6TH ST NE

 City-St-Zip:
 NAPLES, FL 34120
 City-St-Zip:
 NAPLES, FL 34120

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PALLAS DIAZ PRES 08/03/2008