

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000029077

FILED
Mar 25, 2008
Secretary of State

Entity Name: LAKE SQUARE ANIMAL HOSPITAL, P.A.

Current Principal Place of Business:

32628 VISTA AVE
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

32628 VISTA AVE
LEESBURG, FL 34788

New Mailing Address:

FEI Number: 59-3651987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, ROBERT Q
380 WEST ALFRED STREET
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GUNDERSON, DAVID M DVM
Address: 32628 VISTA AVE
City-St-Zip: LEESBURG, FL 34788

Title: ST () Delete
Name: GUNDERSON, DENISE
Address: 3268 VISTA AVENUE
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: |DAVID |M. |GUNDERSON

PRES

03/25/2008

Electronic Signature of Signing Officer or Director

Date