

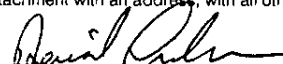


FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # P01000064137				Secretary of State	
1. Entity Name ANDERSON ANIMAL CLINIC OF HIGHLANDS COUNTY, INC.					
Principal Place of Business 11751 TWITTY RD SEBRING, FL 33876		Mailing Address 11751 TWITTY RD SEBRING, FL 33876			
DO NOT WRITE IN THIS SPACE					
		02202008 No Chg-P CR2E034 (11/05)			
		4. FEI Number 59-3732063		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, WENDELL D 11751 TWITTY RD SEBRING, FL 33876		DO NOT WRITE IN THIS SPACE			
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				03/27/08-80042-023 150.00	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DP ANDERSON, WENDELL D DVM 15 NOTRE DAME STREET LAKE PLACID, FL 33852			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DTS ANDERSON, ROSALYNN B 15 NOTRE DAME STREET LAKE PLACID, FL 33852			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DVP ANDERSON, DAVID 101 BAYVIEW DRIVE LAKE PLACID, FL 33852			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		DAVID ANDERSON CFO 3-10-08 863-655-3155			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			