2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2009
Secretary of State

DOCUMENT# P01000064137

Entity Name: ANDERSON ANIMAL CLINIC OF HIGHLANDS COUNTY, INC.

Current Principal Place of Business:

11751 TWITTY RD
SEBRING, FL 33876

New Principal Place of Business:

11751 TWITTY RD
SEBRING, FL 33876 US

Current Mailing Address:

11751 TWITTY RD
SEBRING, FL 33876

New Mailing Address:

11751 TWITTY RD
SEBRING, FL 33876 US

FEI Number: 59-3732063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, WENDELL D
11751 TWITTY RD
SEBRING, FL 33876 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: DP ( ) Delete
Name: ANDERSON, WENDELL D DVM
Address: 15 NOTRE DAME STREET
City-St-Zip: LAKE PLACID, FL 33852

Title: DTS ( ) Delete
Name: ANDERSON, ROSALYNN B
Address: 15 NOTRE DAME STREET
City-St-Zip: LAKE PLACID, FL 33852

Title: DVP ( ) Delete
Name: ANDERSON, DAVID
Address: 101 BAYVIEW DRIVE
City-St-Zip: LAKE PLACID, FL 33852

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ANDERSON, WENDELL D DVM
Address: 15 NOTRE DAME STREET
City-St-Zip: LAKE PLACID, FL 33852 US

Title: DTS (X) Change ( ) Addition
Name: ANDERSON, ROSALYNN B
Address: 15 NOTRE DAME STREET
City-St-Zip: LAKE PLACID, FL 33852 US

Title: DVP (X) Change ( ) Addition
Name: ANDERSON, DAVID
Address: 101 BAYVIEW DRIVE
City-St-Zip: LAKE PLACID, FL 33852 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: ROSALYNN B ANDERSON SEC 03/07/2009

Electronic Signature of Signing Officer or Director Date