2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2011
Secretary of State

DOCUMENT# P01000117644

Entity Name: FULLER VETERINARY CLINIC, INC.

Current Principal Place of Business:

852 S.R. 21 NORTH
MELROSE, FL 32666 US

New Principal Place of Business:

Current Mailing Address:

2912 CYPRESS RIDGE TRAIL
DAYTONA, FL 32128 US

New Mailing Address:

FEI Number: 04-3617215 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOPE, A. BICE
408 WEST UNIVERSITY AVENUE
SUITE #406
GAINESVILLE, FL 32601 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

OFFICERS AND DIRECTORS:

Title: DP
Name: FULLER, DAVID D JR
Address: 2912 CYPRESS RIDGE TRAIL
City-St-Zip: DAYTONA BEACH, FL 32118

Title: DVP
Name: FULLER, PATRICIA S
Address: 16 N.W. 20TH TERR.
City-St-Zip: GAINESVILLE, FL 32603

Title: DST
Name: FULLER, JOHN R
Address: 1102 SW 80TH TERR.
City-St-Zip: GAINESVILLE, FL 32607

I hereby 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 all other like empowered.

SIGNATURE: DAVID D. FULLER, JR. DP 01/11/2011

Electronic Signature of Signing Officer or Director Date