

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000118541

FILED
Feb 19, 2009
Secretary of State

Entity Name: BAYSHORE VETERINARY CLINIC, INC.

Current Principal Place of Business:

2043 NE 140 STREET
NORTH MIAMI, FL 33181

New Principal Place of Business:

2043 NE 140 STREET
NORTH MIAMI BEACH, FL 33181

Current Mailing Address:

2043 NE 140 STREET
NORTH MIAMI, FL 33181

New Mailing Address:

2043 NE 140 STREET
NORTH MIAMI BEACH, FL 33181

FEI Number: 65-1159112

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCOY, JAMES
2043 NE 140 STREET
NORTH MIAMI, FL 33181 US

Name and Address of New Registered Agent:

MCCOY, JAMES
2043 NE 140 STREET
NORTH MIAMI BEACH, FL 33181 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:

02/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: MCCOY, JAMES P
Address: 2043 NE 140 STREET
City-St-Zip: NORTH MIAMI, FL 33181

Title: VSD () Delete
Name: MCCOY, BETTE M
Address: 2043 NE 140 STREET
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: MCCOY, JAMES P
Address: 2043 NE 140 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33181

Title: VSD (X) Change () Addition
Name: MCCOY, BETTE M
Address: 2043 NE 140 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33181

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: BETTE M MCCOY

VSD

02/19/2009

Electronic Signature of Signing Officer or Director

Date