

FB2000054901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

12 29 09



600163852096

12/23/09--01003--008 \*\*35.00

RA-ADD  
Change  
SB

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 DEC 23 AM 10:03

FILED

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Eastside Veterinary Hospital, Inc.  
Name of Corporation

DOCUMENT NUMBER: P02000054901

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Geier VMD  
Name of Contact Person

Eastside Veterinary Hospital  
Firm/Company

731A East Highway 50  
Address

Clermont FL 34711  
City/State and Zip Code

eastsidevet@mindspring.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Geier VMD at ( 352 ) 394-6624  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Eastside Veterinary Hospital

2. The principal office address: (New address) 731A. East Highway 50  
Clermont FL 34711

3. The mailing address (if different): SAME

4. Date of incorporation/qualification: 5/15/2002 Document number: P0200054901

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) William Geiler

*old address*  
Eastside Veterinary Hospital Inc  
1086 East Highway 50  
Clermont FL 34711

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

*new address*  
731A East Highway 50  
P.O. Box NOT acceptable  
Clermont FL 34711

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

William Geiler  
Signature of an officer or director

William Geiler  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

William Geiler  
Signature of Registered Agent

12/17/09  
Date

If signing on behalf of an entity:

William Geiler  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

FILED  
2009 DEC 23 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA