

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000088148

**FILED**  
**Apr 21, 2008**  
**Secretary of State**

**Entity Name:** MEDICINE RIVER ANIMAL HOSPITAL, P.A.

**Current Principal Place of Business:**

11141 U. S. HWY 19 N  
SUITE 402  
CLEARWATER, FL 33764 US

**New Principal Place of Business:**

**Current Mailing Address:**

11141 U. S. HWY 19 N  
SUITE 402  
CLEARWATER, FL 33764 US

**New Mailing Address:**

**FEI Number:** 37-1439318      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GREEN, SHAWNA L DVM  
11141 US HWY 19N  
402  
CLEARWATER, FL 33764 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: P ( ) Delete  
Name: GREEN, SHAWNA L DVM  
Address: 11141 US HWY 19N, STE 402  
City-St-Zip: CLEARWATER, FL 33707 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: SHAWNA L. GREEN, DVM

P

04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date