

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000088148

FILED  
Apr 06, 2010  
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:**

14995 GULF BLVD  
SUITE J  
MADEIRA BEACH, FL 33708 US

**Current Mailing Address:**

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

**New Mailing Address:**

14995 GULF BLVD  
SUITE J  
MADEIRA BEACH, FL 33708 US

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:**

GREEN, SHAWNA L DVM  
14995 GULF BLVD  
SUITE J  
MADEIRA BEACH, FL 33708 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:

04/06/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GREEN, SHAWNA L DVM  
Address: 14995 GULF BLVD SUITE J  
City-St-Zip: MADEIRA BEACH, FL 33708 US

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: SHAWNA L. GREEN

PRES

04/06/2010

Electronic Signature of Signing Officer or Director

Date