


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90217 011 ***150.00

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|--|--|---|--|---|--|
| DOCUMENT # P02000126341 1. Entity Name CLINICAL PET OF LAKE CITY, INC. | | | |  | |
| Principal Place of Business 484 S.W. COMMERCE DRIVE LAKE CITY, FL 32025 | | | Mailing Address 484 S.W. COMMERCE DRIVE LAKE CITY, FL 32025 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address PO BOX 770369 Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Ocala, FL Zip 34477 Country USA | | 4. FEI Number 35-2192163 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 03272008 Chg-P CR2E034 (12/06) | |
| 6. Name and Address of Current Registered Agent KRUEGER, SCOTT D 2750 NW 43RD STREET, SUITE 201 GAINESVILLE, FL 32606 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <u><i>[Signature]</i></u> DATE 4-15-08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ARORA, GANESH 1716 SOUTHWEST 82ND DRIVE GAINESVILLE, FL 32608 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date 4-15-08 Daytime Phone # 352-861-4602 | | |