

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000151480

FILED
Apr 23, 2007
Secretary of State

Entity Name: ANIMAL CANCER CARE CLINIC, P.A.

Current Principal Place of Business:

3421 FORREST HILL BLVD
W PALM BCH, FL 33406

New Principal Place of Business:

Current Mailing Address:

3421 FORREST HILL BLVD
W PALM BCH, FL 33406

New Mailing Address:

FEI Number: 20-0485260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, WILLIAM T ESQ
BRINKLEY, MCNERNEY, MORGA, SOLOMON & TATUM LL
200 E LAS OLAS BLVD 19 FLR
FT LAUDERDALE, FL 33301 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: D () Delete
Name: CORREA, STEPHANIE DVM
Address: 3421 FORREST HILL BLVD
City-St-Zip: W PALM BCH, FL 33406

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: STEPHANIE S. CORREA, DVM

PRES

04/23/2007

Electronic Signature of Signing Officer or Director

_____ Date