

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000154713

**FILED**  
**Feb 15, 2009**  
**Secretary of State**

**Entity Name:** LARGE ANIMAL VETERINARIAN SERVICES OF CENTRAL FLORIDA, P.A.

**Current Principal Place of Business:**

582 PINE BRANCH CIR.  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

4153 HEIRLOOM ROSE PL.  
OVIEDO, FL 32766

**Current Mailing Address:**

5703 RED BUG LAKE ROAD  
BOX 317  
WINTER SPRINGS, FL 32708

**New Mailing Address:**

**FEI Number:** 77-0620209      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PRIVETTE, WILLIAM ALLEN D.V.M.  
582 PINE BRANCH CIR.  
WINTER SPRINGS, FL 32708      US

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

PRIVETTE, WILLIAM ALLEN D.V.M.  
4153 HEIRLOOM ROSE PL.  
OVIEDO, FL 32766      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: \_\_\_\_\_ 02/15/2009  
Electronic Signature of Registered Agent      Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DR      ( ) Delete  
Name: PRIVETTE, WILLIAM A  
Address: 582 PINE BRANCH CIR.  
City-St-Zip: WINTER SPRINGS, FL 32708

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

Title: DR      (X) Change ( ) Addition  
Name: PRIVETTE, WILLIAM A  
Address: 4153 HEIRLOOM ROSE PL.  
City-St-Zip: WINTER SPRINGS, FL 32708

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: WILLIAM A. PRIVETTE      DR.      02/15/2009  
Electronic Signature of Signing Officer or Director      Date