

P04 000054720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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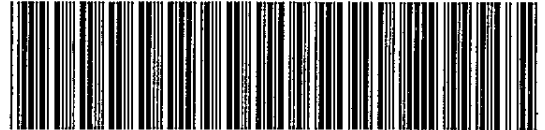
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TO: Amendment Section
Division of Corporations

SUBJECT: Southeast Veterinary Oncology, Inc.
(Name of corporation)

DOCUMENT NUMBER: P04000054720

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

 Tracy LaDve Meeks
(Name of contact person)

 Southeast Veterinary Oncology, Inc.
(Firm/Company)

 280 Corporate Way
(Address)

 Orange Park, FL 32073
(City/state and zip code)

For further information concerning this matter, please call:

 John Meeks^{or} Tracy Meeks at (904) 278 3870
(Name of contact person) (Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Southeast Veterinary Oncology, Inc.
2. The principal office address: 280 Corporate way
Orange Park, FL 32073
3. The mailing address (if different): Same

- Haring and Bushnell, PA
3545-2 St Johns Bluff Rd
Jacksonville, FL 32224

- Tracy LaDue Meeks
280 Corporate Way
(P.O. Box NOT acceptable)
Orange Park, FL 32073

(Signature of an officer or director)

Tracy LaDue Meeko, President
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

(Signature of Registered Agent)

Tracy LaDue Meeks, president
(Date)

(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314