

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000080984

Entity Name: PROFESSIONAL VET LAB, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

10481 NW HWY 27
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

10481 NW HWY 27
OCALA, FL 34482

New Mailing Address:

FEI Number: 20-1112185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRASWELL, JULIE
10481 NW HWY 27
OCALA, FL 34482 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: BRASWELL, JULIA
Address: 13000 NW 90 AVE
City-St-Zip: REDDICK, FL 32686

Title: D () Delete
Name: BRASWELL, ANNE
Address: 9855 SW 90 AVE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JULIE BRASWELL

D

04/22/2009

Electronic Signature of Signing Officer or Director

Date