

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000120741

FILED  
Mar 27, 2008  
Secretary of State

Entity Name: YOUNG'S ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

1795 CHENEY HWY.  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

1795 CHENEY HWY.  
TITUSVILLE, FL 32780

**New Mailing Address:**

FEI Number: 20-1513313

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCCRANIE, KAREN L  
767 HORSEMAN DR  
PORT ORANGE, FL 32127 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: VD ( ) Delete  
Name: MCCRANIE, LEON G  
Address: 767 HORSEMAN DRIVE  
City-St-Zip: PORT ORANGE, FL 321274903

Title: STD ( ) Delete  
Name: MCCRANIE, KAREN L  
Address: 767 HORSEMAN DR  
City-St-Zip: PORT ORANGE, FL 32127

Title: PD ( ) Delete  
Name: YOUNG, CAMILLE A  
Address: 4910 ST GEORGES AVE  
City-St-Zip: TITUSVILLE, FL 32780

Title: VD ( ) Delete  
Name: YOUNG, ROGER  
Address: 4910 ST GEORGE AVE  
City-St-Zip: TITUSVILLE, FL 32780

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

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

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

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: KAREN L MCCRANIE

STD

03/27/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date