2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P04000120741

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:

MCCRANIE, KAREN L
1139 HARBOUR POINT DR.
PORT ORANGE, FL 32127 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: _____ 03/24/2009
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: VD (X) Change ( ) Addition
Name: MCCRANIE, LEON G
Address: 1139 HARBOUR POINT DR.
City-St-Zip: PORT ORANGE, FL 321274903

Title: STD (X) Change ( ) Addition
Name: MCCRANIE, KAREN L
Address: 1139 HARBOUR POINT DR.
City-St-Zip: PORT ORANGE, FL 32127

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 03/24/2009
Electronic Signature of Signing Officer or Director — Date