

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000141376

FILED
Mar 10, 2007
Secretary of State

Entity Name: NORTH RIVER VETERINARY HOSPITAL, INC.

Current Principal Place of Business:

12805 CR 675
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

12805 CR 675
PARRISH, FL 34219

New Mailing Address:

FEI Number: 16-1708747

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MULOCK, EDWIN T
519 13TH STREET WEST
BRADENTON, FL 34205 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: EDWIN MULOCK, ESQ.

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NELSON, STACY
Address: 12805 CR 675
City-St-Zip: PARRISH, FL 34219

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: STACY NELSON, DVM, MBA

PD

03/10/2007

Electronic Signature of Signing Officer or Director

Date