2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P05000024215

1. Entity Name
SOUTHSIDE VETERINARY HOSPITAL, INC.

Principal Place of Business	Mailing Address
935 36TH COURT SW VERO BEACH, FL 32968	935 36TH COURT SW VERO BEACH, FL 32968

DO NOT WRITE IN THIS SPACE

07072008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3516304	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KILPATRICK, DAVID S
935 36TH COURT SW
VERO BEACH, FL 32968

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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

10.   OFFICERS AND DIRECTORS

TITLE	P/D
NAME	KILPATRICK, DAVID S
STREET ADDRESS	935 36TH COURT SW
CITY-ST-ZIP	VERO BEACH, FL 32968

TITLE	
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CITY-ST-ZIP	

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07/14/08-80002-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _David S. Kilpatrick, D.V.M., A.B.V.P._ 7/11/08 772-562-7845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

DAVID S. KILPATRICK, D.V.M.