

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000050425

FILED
Jan 19, 2010
Secretary of State

Entity Name: TCAH PET HEALTH CARE CENTER, INC.

Current Principal Place of Business:

1807 OKEECHOBEE RD
FT PIERCE, FL 34950

New Principal Place of Business:

1811 OKEECHOBEE RD
FT PIERCE, FL 34950

Current Mailing Address:

1807 OKEECHOBEE RD
FT PIERCE, FL 34950

New Mailing Address:

1811 OKEECHOBEE RD
FT PIERCE, FL 34950

FEI Number: 43-2079013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUILLERAT, DANA K
1807 OKEECHOBEE RD
FT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

JUILLERAT, DANA K
1811 OKEECHOBEE RD
FT PIERCE, FL 34950 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: DANA K JUILLERAT

01/19/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: OWNE
Name: JUILLERAT, DANA K
Address: 9528 SHADOW LANE
City-St-Zip: FT PIERCE, FL 34951

I hereby 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 all other like empowered.

SIGNATURE: DANA K JUILLERAT

OWNE

01/19/2010

Electronic Signature of Signing Officer or Director

Date