

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000090547

FILED
May 03, 2008
Secretary of State

Entity Name: MELISSA KNIERIEM, D.V.M., P.A.

Current Principal Place of Business:

6344 DUVAL DR
MARGATE, FL 33063

New Principal Place of Business:

12840 PENNELL PINES RD
BOYNTON BEACH, FL 33436

Current Mailing Address:

6344 DUVAL DR
MARGATE, FL 33063

New Mailing Address:

12840 PENNELL PINES RD
BOYNTON BEACH, FL 33436

FEI Number: 20-2985792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIERIEM, MELISSA
6344 DUVAL DR
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

KNIERIEM, MELISSA
12840 PENNELL PINES RD
BOYNTON BEACH, FL 33436 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:

05/03/2008

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: PTSD () Delete
Name: KNIERIEM, MELISSA
Address: 6344 DUVAL DR
City-St-Zip: MARGATE, FL 33063

Title: VP () Delete
Name: KNIERIEM, MELISSA
Address: 6344 DUVAL DR
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change () Addition
Name: KNIERIEM, MELISSA
Address: 12840 PENNELL PINES RD
City-St-Zip: BOYNTON BEACH, FL 33436

Title: VP (X) Change () Addition
Name: KNIERIEM, MELISSA
Address: 12840 PENNELL PINES RD
City-St-Zip: BOYNTON BEACH, FL 33436

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: MELISSA KNIERIEM

P

05/03/2008

Electronic Signature of Signing Officer or Director

Date