2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 28, 2009
Secretary of State

DOCUMENT# P05000164043

Entity Name: HUDSON VETERINARY SERVICES, INC.

Current Principal Place of Business:

8721 SW OTTER TRAIL
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

8721 SW OTTER TRAIL
ARCADIA, FL 34266 US

New Mailing Address:

FEI Number: 86-1154009 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUDSON, CARLA F DVM
8721 SW OTTER TRAIL
ARCADIA, FL 34266 US

Name and Address of New Registered Agent:

FRANCHEVILLE, CARLA DVM
8721 SW OTTER TRAIL
ARCADIA, FL 34266 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: CARLA FRANCHEVILLE 05/28/2009
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: P ( ) Delete
Name: HUDSON, CARLA F DVM
Address: 8721 SW OTTER TRAIL
City-St-Zip: ARCADIA, FL 34266 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O&P (X) Change ( ) Addition
Name: FRANCHEVILLE, CARLA DVM
Address: 8721 SW OTTER TRAIL
City-St-Zip: ARCADIA, FL 34266 US

Title: O&M ( ) Change (X) Addition
Name: SHAMSI, B DEAN
Address: 8721 SW OTTER TRAIL
City-St-Zip: ARCADIA, FL 34266

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: B DEAN SHAMSI O&M 05/28/2009
Electronic Signature of Signing Officer or Director Date