

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167035

FILED
Apr 27, 2007
Secretary of State

Entity Name: SCOTT LANGTON DVM & ASSOCIATES, P.A.

Current Principal Place of Business:

P. O. BOX 5115
WINTER PARK, FL 32793

New Principal Place of Business:

3520-3 AVALON PARK BLVD E
ORLANDO, FL 32828

Current Mailing Address:

P. O. BOX 5115
WINTER PARK, FL 32793

New Mailing Address:

3520-3 AVALON PARK BLVD E
ORLANDO, FL 32828

FEI Number: 20-4128902

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWDOIN, DOUGLAS
255 SOUTH ORANGE AVENUE
SUITE 800
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

LANGTON, SCOTT J DVM
3520-3 AVALON PARK BLVD. #
ORLANDO, FL 32828 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: SCOTT J. LANGTON, DVM

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P, D () Delete
Name: LANGTON, SCOTT
Address: P. O. BOX 5115
City-St-Zip: WINTER PARK, FL 32793

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, D (X) Change () Addition
Name: LANGTON, SCOTT J DVM
Address: 15316 PERDIDO
City-St-Zip: ORLANDO, FL 32828

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: SCOTT J LANGTON, DVM

PD

04/27/2007

Electronic Signature of Signing Officer or Director

Date