2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2009
Secretary of State

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Entity Name: G & B VETERINARY CARE, INC.

Current Principal Place of Business:

61 BELL BLVD. NORTH
UNIT 2
LEHIGH ACRES, FL 33936 US

New Principal Place of Business:

61 BELL BOULEVARD NORTH
UNIT 2
LEHIGH ACRES, FL 33936 US

Current Mailing Address:

JOHN M. WICKER, P.A.
PO DRAWER 60205
FORT MYERS, FL 33906 US

New Mailing Address:

FEI Number: 20-5616565 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WICKER, JOHN M
12670 NEW BRITTANY BLVD.
SUITE 101
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GONZALEZ-TIRADO, CARLOS DVM
Address: 61 BELL BLVD. NORTH, UNIT 2
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: D ( ) Delete
Name: BLUM, ERNEST Y DVM
Address: 61 BELL BLVD. NORTH, UNIT 2
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: P,T (X) Delete
Name: GONZALEZ-TIRADO, CARLOS DVM
Address: 61 BELL BLVD. NORTH, UNIT 2
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: VP,S (X) Delete
Name: BLUM, ERNEST Y DVM
Address: 61 BELL BLVD. NORTH, UNIT 2
City-St-Zip: LEHIGH ACRES, FL 33936 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change ( ) Addition
Name: GONZALEZ-TIRADO, CARLOS DVM
Address: 61 BELL BOULEVARD N., UNIT 2
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: DVPS (X) Change ( ) Addition
Name: BLUM, ERNEST Y DVM
Address: 61 BELL BOULEVARD N., UNIT 2
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CARLOS GONZALEZ-TIRADO, DVM DPT 03/21/2009

Electronic Signature of Signing Officer or Director Date