

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000148295

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** ENGLEWOOD ANIMAL HEALTH CENTER, INC.

**Current Principal Place of Business:**

1830 PLACIDA ROAD  
ENGLEWOOD, FL 34223

**New Principal Place of Business:**

1830 PLACIDA ROAD  
ENGLEWOOD, FL 34223 US

**Current Mailing Address:**

1830 PLACIDA ROAD  
ENGLEWOOD, FL 34223

**New Mailing Address:**

1830 PLACIDA ROAD  
ENGLEWOOD, FL 34223 US

**FEI Number:** 20-5996036

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HESS, BRIAN  
9108 FRONT BEACH RD.  
PANAMA CITY BEACH, FL 32407 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: P/ST ( ) Delete  
Name: CARLOS, THOMAS DR.  
Address: 1830 PLACIDA ROAD  
City-St-Zip: ENGLEWOOD, FL 34223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P/ST (X) Change ( ) Addition  
Name: CARLOS, THOMAS DR.  
Address: 1830 PLACIDA ROAD  
City-St-Zip: ENGLEWOOD, FL 34223 US

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:** THOMAS E. CARLOS, DVM, MS

PRES

04/13/2009

Electronic Signature of Signing Officer or Director

Date