

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000002406

FILED  
Jan 16, 2010  
Secretary of State

**Entity Name:** FERRARA'S VETERINARY SERVICES, INC.

**Current Principal Place of Business:**

9030 W FORT ISLAND TRAIL  
UNIT 3  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

3756 W FIRESIDE LANE  
CITRUS SPRINGS, FL 34433

**New Mailing Address:**

9030 W FORT ISLAND TRAIL  
UNIT 3  
CRYSTAL RIVER, FL 34429

**FEI Number:** 20-8177267

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FERRARA, TAMERA J DVM  
9030 W FORT ISLAND TRAIL  
#3  
CRYSTAL RIVER, FL 34429 US

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

BARRON, TAMERA J DVM  
9030 W FORT ISLAND TRAIL  
#3  
CRYSTAL RIVER, FL 34429 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:** TAMERA J BARRON

01/16/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DPS  
**Name:** BARRON, TAMERA J  
**Address:** 9030 W FORT ISLAND TRAIL  
**City-St-Zip:** CRYSTAL RIVER, FL 34429

**Title:** DVT  
**Name:** BARRON, TAMERA F  
**Address:** 9030 W FORT ISLAND TRAIL  
**City-St-Zip:** CRYSTAL RIVER, FL 34429

I hereby 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 all other like empowered.

**SIGNATURE:** TAMERA J BARRON

DPS

01/16/2010

Electronic Signature of Signing Officer or Director

Date