

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000017821

FILED
Jan 15, 2009
Secretary of State

Entity Name: ANIMAL CLINIC AT ESTERO, INC.

Current Principal Place of Business:

20741 S. TAMiami TRAIL
FT. MYERS, FL 33928

New Principal Place of Business:

20741 S. TAMiami TRAIL
ESTERO, FL 33928

Current Mailing Address:

7685 STATE HIGHWAY 53 NORTH
UPPER SANDUSKY, OH 43351

New Mailing Address:

FEI Number: 20-8410193

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLS, JAMES L ESQUIRE
8191 COLLEGE PARKWAY
#204
FORT MYERS, FL 33919 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, P () Delete
Name: COPE, ROBERT E
Address: 7685 STATE HIGHWAY 53 NORTH
City-St-Zip: UPPER SANDUSKY, OH 43351

Title: S, T () Delete
Name: COPE, JEANETTE M
Address: 7685 STATE HIGHWAY 53 NORTH
City-St-Zip: UPPER SANDUSKY, OH 43351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JEANETTE COPE

SE/T

01/15/2009

Electronic Signature of Signing Officer or Director

Date