

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000024242

FILED  
Apr 13, 2008  
Secretary of State

**Entity Name:** LEINEN VETERINARY SERVICES, P.A.

**Current Principal Place of Business:**

13600 STATE ROAD 84  
DAVIE, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

13600 STATE ROAD 84  
DAVIE, FL 33325

**New Mailing Address:**

**FEI Number:** 20-8541726

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHULMAN, DAVID ESQ.  
100 WEST CYPRESS CREEK ROAD, STE 700  
FT LAUDERDALE, FL 33309 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: LEINEN, MARK A DR.  
Address: 13600 STATE ROAD 84  
City-St-Zip: DAVIE, FL 33325

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

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:** MARK A. LEINEN

PRES

04/13/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date