APR-30-2008 09:59 FROM:

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90123 006 ***150.00

DOCUMENT # P07000069080

1. Entity Name
ADVANCED EQUINE DENTISTRY & VET SERVICES INC

400925?1

Principal Place of Business	Mailing Address
9602 US HIGHWAY 19 UNIT 1190 PORT RICHEY, FL 34668 US	9602 US HIGHWAY 19 UNIT 1190 PORT RICHEY, FL 34668 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
13223 SUNFISH DRIVE		13223 SUNFISH DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. HUDSON	
City & State HUDSON FL		City & State FL 34667	
Zip 34667	Country	Zip 34667	Country

04302008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0344884 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRIST, RICHARD J 9602 US HIGHWAY 19 UNIT 1190 PORT RICHEY, FL 34668	Name RICHARD GRIST Street Address (P.O. Box Number is Not Acceptable) 13223 SUNFISH DRIVE City HUDSON FL Zip Code 34667

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/30/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P,S	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	GRIST, RICHARD J		NAME		
STREET ADDRESS	9602 US HIGHWAY 19		STREET ADDRESS	13223 SUNFISH DRIVE	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	HUDSON FL 34667	
TITLE	VP,T	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	CLIFFORD, JOHN M		NAME		
STREET ADDRESS	9602 US HIGHWAY 19		STREET ADDRESS	13223 SUNFISH DRIVE	
CITY-ST-ZIP	PORT RICHEY, FL 34668		CITY-ST-ZIP	HUDSON FL 34667	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/30/08 727-514-0462
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #