# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 23, 2009**
**Secretary of State**

DOCUMENT# P07000071700

**Entity Name:** TOWN COMMONS ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

8927 HYPOLUXO RD
#A1
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

8927 HYPOLUXO RD
#A1
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number: 26-0435459** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

OJEA, ANNA R
5057 NORTHERN LIGHTS DR
GREENACRES, FL 33465 US

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

OJEA, ANNA R
5057 NORTHERN LIGHTS DR
GREENACRES, FL 33463 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: 04/23/2009
Electronic Signature of Registered Agent Date

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete
Name: OJEA, ANNA R
Address: 5057 NORTHERN LIGHTS DRIVE
City-St-Zip: GREENACRES, FL 33463

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

Title: DR. (X) Change ( ) Addition
Name: OJEA, ANNA R
Address: 5057 NORTHERN LIGHTS DRIVE
City-St-Zip: GREENACRES, FL 33463

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: ANNA R. OJEA DR. 04/23/2009
Electronic Signature of Signing Officer or Director Date