

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000094803

Entity Name: IBIS ANIMAL HOSPITAL, INC.

FILED
Mar 25, 2009
Secretary of State

Current Principal Place of Business:

10130 NORTHLAKE BLVD.
ST. 114
WEST PALM BEACH, FL 33421

Current Mailing Address:

13048 86TH RD. N.
WEST PALM BEACH, FL 33412

New Principal Place of Business:

10130 NORTHLAKE BLVD.
ST. 114
WEST PALM BEACH, FL 33412

New Mailing Address:

10130 NORTHLAKEBOULEVARD
#114
WEST PALM BEACH, FL 33412

FEI Number: 26-1175079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABBOTT, LINDA DVM
10130 NORTHLAKE BLVD.
ST. 114
WEST PALM BEACH, FL 33421 US

Name and Address of New Registered Agent:

ABBOTT, LINDA DVM
10130 NORTHLAKE BLVD.
ST. 114
WEST PALM BEACH, FL 33412 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: LINDA ABBOTT, DVM

03/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVPS () Delete
Name: ABBOTT, LINDA DVM
Address: 10130 NORTHLAKE BLVD. ST. 114
City-St-Zip: WEST PALM BEACH, FL 33421

Title: D () Delete
Name: ABBOTT, LINDA DVM
Address: 10130 NORTHLAKE BLVD. ST. 114
City-St-Zip: WEST PALM BEACH, FL 33421

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVPS (X) Change () Addition
Name: ABBOTT, LINDA DVM
Address: 10130 NORTHLAKE BLVD. ST. 114
City-St-Zip: WEST PALM BEACH, FL 33412

Title: D (X) Change () Addition
Name: ABBOTT, LINDA DVM
Address: 10130 NORTHLAKE BLVD. ST. 114
City-St-Zip: WEST PALM BEACH, FL 33412

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: LINDA ABBOTT, DVM

PVPS

03/25/2009

Electronic Signature of Signing Officer or Director

Date