2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008
Secretary of State

DOCUMENT# P07000135138

Entity Name: ALAFIA RIVER ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

5108 PINE ROCKLANDS AVENUE
LITHIA, FL 33547

New Principal Place of Business:

7017 LITHIA PINECREST RD.
LITHIA, FL 33547

Current Mailing Address:

5108 PINE ROCKLANDS AVENUE
LITHIA, FL 33547

New Mailing Address:

FEI Number: 26-1474555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STONEBURNER, GRESHAM R
841 PRUDENTIAL DRIVE
SUITE 1400
JACKSONVILLE, FL 32207 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: MATHESON, ELLEN M
Address: 5108 PINE ROCKLANDS AVENUE
City-St-Zip: LITHIA, FL 33547

Title: D ( ) Delete
Name: MATHESON, JOHN M
Address: 5108 PINE ROCKLANDS AVENUE
City-St-Zip: LITHIA, FL 33547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: MATHESON, ELLEN M
Address: 5108 PINE ROCKLANDS AVENUE
City-St-Zip: LITHIA, FL 33547

Title: MR (X) Change ( ) Addition
Name: MATHESON, JOHN M
Address: 5108 PINE ROCKLANDS AVENUE
City-St-Zip: LITHIA, FL 33547

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: ELLEN M. MATHESON DR. 04/15/2008

Electronic Signature of Signing Officer or Director — Date