

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000135138

FILED
Apr 29, 2009
Secretary of State

Entity Name: ALAFIA RIVER ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

7017 LITHIA PINECREST RD.
LITHIA, FL 33547

New Principal Place of Business:

Current Mailing Address:

5108 PINE ROCKLANDS AVENUE
LITHIA, FL 33547

New Mailing Address:

7017 LITHIA PINECREST RD.
LITHIA, FL 33547

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:

MATHESON, ELLEN M DR.
5108 PINE ROCKLANDS AVE.
LITHIA, FL 33547 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: DR. ELLEN M. MATHESON

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ELLEN M. MATHESON

DR.

04/29/2009

Electronic Signature of Signing Officer or Director

Date