

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000029932

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: COMPANION ANIMAL HOSPITAL LBS, INC.

## Current Principal Place of Business:

605 HOUSTON AVE  
LIVE OAK, FL 32064

## New Principal Place of Business:

605 HOUSTON AVENUE NW  
LIVE OAK, FL 32064

## Current Mailing Address:

605 HOUSTON AVE  
LIVE OAK, FL 32064

## New Mailing Address:

605 HOUSTON AVENUE NW  
LIVE OAK, FL 32064

FEI Number: 26-2295002

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SMITH, DIANA  
7315 NW LAKE JEFFREY RD  
LAKE CITY, FL 32055 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: P ( ) Delete  
Name: SMITH, DIANA  
Address: 7315 NW LAKES JEFFERY RD  
City-St-Zip: LAKE CITY, FL 32055

Title: V ( ) Delete  
Name: BURD, DEBORAH M  
Address: 7292 37TH RD  
City-St-Zip: LIVE OAK, FL 32060

Title: ST ( ) Delete  
Name: LUCAS, PAMELA H  
Address: 8009 155TH RD  
City-St-Zip: LIVE OAK, FL 32060

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: PAMELA H LUCAS

ST

01/12/2009

Electronic Signature of Signing Officer or Director

Date