2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# P08000041746

Entity Name: ANIMAL HOSPITAL OF UNIVERSITY DRIVE, PA

Current Principal Place of Business:

2585 NORTH UNIVERSITY DRIVE
SUNRISE, FL 33322 US

New Principal Place of Business:

Current Mailing Address:

3744 PEBBLEBROOK MANOR
COCONUT CREEK, FL 33073

New Mailing Address:

FEI Number: 26-2481930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHOCHET, RANDALL M
6308 GRAND CYPRESS CIRCLE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

ALFIERI, PAUL
2401 W CYPRESS CREEK ROAD
FORT LAUDERDALE, FL 33309 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: PAUL ALFIERI 04/17/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P, D ( ) Delete
Name: ANSARA, CARL
Address: 3744 PEBBLEBROOK MANOR
City-St-Zip: COCONUT CREEK, FL 33073 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CARL ANSARA DR 04/17/2009
Electronic Signature of Signing Officer or Director Date