

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000110638

FILED
Jan 30, 2009
Secretary of State

Entity Name: TOLEDO BLADE ANIMAL CLINIC, PA

Current Principal Place of Business:

3535 BOBCAT VILLAGE CENTER RD. UNIT 20A
NORTH PORT, FL 34288

New Principal Place of Business:

3535 BOBCAT VILLAGE CENTER RD.
UNIT 20A
NORTH PORT, FL 34288

Current Mailing Address:

3535 BOBCAT VILLAGE CENTER RD. UNIT 20A
NORTH PORT, FL 34288

New Mailing Address:

6346 OPA LOCKA LANE
NORTH PORT, FL 34291

FEI Number: 26-3945427

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

MINNICH, KRISTOPHER
6346 OPA LOCKA LANE
NORTH PORT, FL 34291 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: KRISTOPHER MINNICH

01/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MINNICH, KRISTOPHER
Address: 3535 BOBCAT VILLAGE CENTER RD. UNIT 20A
City-St-Zip: NORTH PORT, FL 34288

Title: TRES () Delete
Name: DEFOE, STACY
Address: 3535 BOBCAT VILLAGE CENTER RD. UNIT 20A
City-St-Zip: NORTH PORT, FL 34288

Title: SEC () Delete
Name: DEFOE, STACY
Address: 3535 BOBCAT VILLAGE CENTER RD. UNIT 20A
City-St-Zip: NORTH PORT, FL 34288

Title: DIR () Delete
Name: MINNICH, KRISTOPHER
Address: 3535 BOBCAT VILLAGE CENTER RD. UNIT 20A
City-St-Zip: NORTH PORT, FL 34288

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:

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: KRISTOPHER MINNICH

PRES

01/30/2009

Electronic Signature of Signing Officer or Director

Date