

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000000600

FILED
Jan 07, 2010
Secretary of State

Entity Name: ANIMAL MEDICAL CLINIC AT WEST TOWN PLACE, INC.

Current Principal Place of Business:

425 WEST TOWN PLACE
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

425 WEST TOWN PLACE
SUITE 128
ST. AUGUSTINE, FL 32092

Current Mailing Address:

425 WEST TOWN PLACE
ST. AUGUSTINE, FL 32092

New Mailing Address:

425 WEST TOWN PLACE
SUITE 128
ST. AUGUSTINE, FL 32092

FEI Number: 80-0322601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIKOLOV, NIKOLAY H
194 1/2 ROSCOE BLVD. N
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

NIKOLOV, NIKOLAY H
5090A PALM VALLEY RD
PONTE VEDRA BEACH, FL 32082 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:

01/07/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D
Name: NIKOLOV, NIKOLAY H
Address: 5090 A PALM VALLEY RD.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: NEUMAN, GARY L
Address: 3705 NAVAJO PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: D
Name: RUSSELL, KEVIN
Address: 4142 ROBINHOOD RD
City-St-Zip: JACKSONVILLE, FL 32210

I hereby 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 all other like empowered.

SIGNATURE: NIKOLAY NIKOLOV

D

01/07/2010

Electronic Signature of Signing Officer or Director

Date