


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000046612	
1. Entity Name SOUTH GATE VETERINARY CLINIC, INC.	

FILED
Jul 14, 2008 08:00 AM
Secretary of State

Principal Place of Business 13143-3 MCGREGOR BLVD. FORT MYERS, FL 33919 US	Mailing Address 13141-3 MCGREGOR BLVD FORT MYERS, FL 33919 US
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07102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0421249	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EWERT, ULRICH 13143-3 MCGREGOR BLVD. FORT MYERS, FL
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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EWERT, ULRICH 13141-3 MCGREGOR BLVD FORT MYERS, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ulrich Ewert **ULRICH EWERT** 7.11.08 239-481-8696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #