2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000063444

RILL, SANDRA I

SARASOTA, FL

7816 SADDLE CREEK TRAIL

Name:

Address:

City-St-Zip:

Entity Name: UNIVERSITY ANIMAL CLINIC, INC.

FILED Jan 15, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 8356 N. LOCKWOOD RIDGE ROAD 8239 COOPER CREEK BLVD SARASOTA, FL 34243 US UNIVERSITY PARK, FL 34201 US **Current Mailing Address: New Mailing Address:** 7816 SADDLE CREEK TRAIL SARASOTA, FL 34241 FEI Number: 65-0433204 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RILL, SANDRA I 7816 SADDLE CREEK TRAIL SARASOTA, FL 34241 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition RILL, ROBERT W Name: Name: 7816 SADDLE CREEK TRAIL Address: Address: City-St-Zip: SARASOTA, FL City-St-Zip: Title: Title: () Change () Addition () Delete

Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SANDRA I. RILL V 01/15/2005