

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000085342

**FILED**  
**Jan 29, 2010**  
**Secretary of State**

**Entity Name:** ANIMAL MEDICAL REFERRAL CENTER, INC.

**Current Principal Place of Business:**

1102 E BLOOMINGDALE AVE  
VALRICO, FL 33594

**New Principal Place of Business:**

1102 E BLOOMINGDALE AVE  
VALRICO, FL 33594 US

**Current Mailing Address:**

16528 N DALE MABRY HWY  
TAMPA, FL 33618 US

**New Mailing Address:**

**FEI Number:** 59-3215230

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SANDERS, WALTER  
16528 N DALE MABRY HWY  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

SANDERS, WALTER S  
16528 N DALE MABRY HWY  
TAMPA, FL 33618 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: WALTER S. SANDERS

01/29/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: ANTUNANO, JAMES  
Address: 1102 E BLOOMINGDALE AVE  
City-St-Zip: VALRICO, FL 33594 US

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: JAMES ANTUNANO

PRES

01/29/2010

Electronic Signature of Signing Officer or Director

Date