

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000093465

FILED
Mar 06, 2009
Secretary of State

Entity Name: ANIMAL CARE CLINIC OF MIAMI, INC.

Current Principal Place of Business:

18675 S DIXIE HWY
MIAMI, FL 33157

New Principal Place of Business:

Current Mailing Address:

18675 S DIXIE HWY
MIAMI, FL 33157

New Mailing Address:

FEI Number: 65-0543163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGAL SERVICE CORPORATION OF MIAMI
9260 SUNSET DR, 119
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: MORNANE, LARRIE
Address: 18675 S DIXIE HWY.
City-St-Zip: MIAMI, FL 33157

Title: VP () Delete
Name: MORNANE, PATRICK V.
Address: 18675 S DIXIE HWY
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LARRIE LYNN MORNANE

VP

03/06/2009

Electronic Signature of Signing Officer or Director

_____ Date