

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P95000006537

**FILED**  
**May 10, 2007**  
**Secretary of State**

**Entity Name:** ANIMAL & BIRD MEDICAL CENTER OF PALM HARBOR, INC.

**Current Principal Place of Business:**

34820 US 19  
PALM HARBOR, FL 34684 US

**New Principal Place of Business:**

34820 US HWY 19 NORTH  
PALM HARBOR, FL 34683 US

**Current Mailing Address:**

34820 US 19  
PALM HARBOR, FL 34684 US

**New Mailing Address:**

34820 US HWY 19 NORTH  
PALM HARBOR, FL 34683 US

**FEI Number:** 59-3298103

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MURPHY, JOEL  
34820 US 19  
PALM HARBOR, FL 34684 US

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

MURPHY, JOEL DR.  
34820 US HWY 19 NORTH  
PALM HARBOR, FL 34683 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: DR. JOEL MURPHY

05/10/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: MGR ( ) Delete  
Name: MURPHY, JOEL  
Address: 34820 US HWY 19  
City-St-Zip: PALM HARBOR, FL

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: MURPHY, JOEL DR.  
Address: 34820 US HWY 19 NORTH  
City-St-Zip: PALM HARBOR, FL 34683

Title: VP ( ) Change (X) Addition  
Name: MURPHY, CAROLINE A  
Address: 34820 US HWY 19 NORTH  
City-St-Zip: PALM HARBOR, FL 34683

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: DR. JOEL MURPHY

PRES

05/10/2007

Electronic Signature of Signing Officer or Director

Date