2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# P95000049523

Entity Name: VILLAGE ROYALE ANIMAL CLINIC INC.

Current Principal Place of Business:

1187 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

1187 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH, FL 33411 US

New Mailing Address:

FEI Number: 65-0592985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DRUMMOND, GREG
228 CORTEZ RD
WEST PALM BEACH, FL 33405 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:	DRUMMOND, GREG	
Address:	228 CORTEZ RD	
City-St-Zip:	WEST PALM BEACH, FL 33405	
Title:	VP	( ) Delete
Name:	PIERCE, PHILLIP	
Address:	228 CORTEZ RD	
City-St-Zip:	WEST PALM BEACH, FL 33405	
Title:	S	( ) Delete
Name:	DRUMMOND, RITA	
Address:	9 MAXWELL STREET	
City-St-Zip:	TAUNTON, MA 02780	
Title:	T	( ) Delete
Name:	BATE, MARY E	
Address:	226 ROBIN AVE	
City-St-Zip:	SEBRING, FL 33872	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: GREGORY P. DRUMMOND DR. 04/08/2009

Electronic Signature of Signing Officer or Director — Date