

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000057810

FILED
Jan 04, 2008
Secretary of State

Entity Name: KINDNESS ANIMAL HEALTHCARE, INC.

Current Principal Place of Business:

761 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

761 SE PORT ST. LUCIE BLVD.
PORT ST. LUCIE, FL 34984

New Mailing Address:

FEI Number: 65-0679302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRINZ, BETH ESQ
815 COLORADO AVENUE STE 103
SPEAKER & PRINZ
STUART, FL 34994 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: EGER, ROSMARIE H
Address: 762 S.E. RIVER LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: S () Delete
Name: EGER, MICHAEL A
Address: 762 S.E. RIVER LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: MICHAEL A. EGER

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01/04/2008

Electronic Signature of Signing Officer or Director

Date