2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 05, 2007
Secretary of State

DOCUMENT# P96000102956

Entity Name: DADE CITY ANIMAL CLINIC, P.A.

Current Principal Place of Business:

13117 HWY 301 SOUTH
DADE CITY, FL 33525

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 528
DADE CITY, FL 33526 US

New Mailing Address:

FEI Number: 59-3415174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, CHESTER W III
13117 HWY 301 SOUTH
DADE CITY, FL 33525 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

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: TAYLOR, CHESTER W III
Address: P.O. BOX 503, 13117 HWY 301
City-St-Zip: DADE CITY, FL 33526

Title: VP (X) Delete
Name: SMALLEY, RICHARD H
Address: P.O. BOX 2278, 13117 HWY 301
City-St-Zip: DADE CITY, FL 33526

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 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: CHESTER W. TAYLOR III DPST 04/05/2007

Electronic Signature of Signing Officer or Director Date