

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000003423

FILED
Apr 14, 2009
Secretary of State

Entity Name: SOUTHSIDE ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

821 S PEARL ST
CRESTVIEW, FL 32539 US

New Principal Place of Business:

Current Mailing Address:

821 S PEARL ST
CRESTVIEW, FL 32539 US

New Mailing Address:

FEI Number: 59-3417391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, JOHN F
821 S PEARL ST
CRESTVIEW, FL 32539 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: PD () Delete
Name: MARTIN, JOHN F
Address: 821 SOUTH PEARL STREET
City-St-Zip: CRESTVIEW, FL 32539

Title: VD () Delete
Name: WORTH, TERESA K
Address: 202 COUNTRY CLUB
City-St-Zip: CRESTVIEW, FL

Title: D () Delete
Name: MARTIN, CATHERINE E
Address: 81B POQUITO RD
City-St-Zip: SHALIMAR, FL 32579

Title: STD () Delete
Name: ROCHA, PATRICIA O
Address: 2602 LAKE SILVER RD
City-St-Zip: CRESTVIEW, FL 32536

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: JOHN F MARTIN

PD

04/14/2009

Electronic Signature of Signing Officer or Director

Date