2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033733

Name:

Address:

City-St-Zip:

OGLESBY, LONITA C

JACKSONVILLE, FL 32259

1004 SR13 NORTH

Entity Name: GREENBRIAR ANIMAL HOSPITAL, INC.

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1004 STATE ROAD 13 NORTH JACKSONVILLE, FL 32259 **Current Mailing Address: New Mailing Address:** 1004 STATE ROAD 13 NORTH JACKSONVILLE, FL 32259 FEI Number: 59-3440680 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: OGLESBY, RICHARD OGLESBY, RICHARD M 1004 STATE ROAD 13 NORTH 1004 STATE ROAD 13 NORTH JACKSONVILLE, FL 32259 JACKSONVILLE, FL 32259 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: RICHARD M. OGLESBY 04/20/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition OGLESBY, RICHARD M Name: Name: 1004 SR 13 NORTH Address: Address: City-St-Zip: JACKSONVILLE, FL 32259 City-St-Zip: Title: VΡ Title: () Change () Addition () Delete

Name:

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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: RICHARD M. OGLESBY P 04/20/2009