

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000067546

FILED  
Jan 21, 2006  
Secretary of State

Entity Name: ANIMAL HEALTH CARE CLINIC, INC.

**Current Principal Place of Business:**

1710 DREW STREET STE 7  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

1710 DREW STREET STE 7  
CLEARWATER, FL 33755

**New Mailing Address:**

FEI Number: 59-3468578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SUPOW, JOSEPHA  
1710 DREW STREET STE 7  
CLEARWATER, FL 33755 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: D ( ) Delete  
Name: SUPOW, JOSEPHA  
Address: 1710 DREW STREET STE 7  
City-St-Zip: CLEARWATER, FL 33755

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JOSEPHA V SUPOW

PRES

01/21/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date