

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000091081

FILED
Jun 23, 2009
Secretary of State

Entity Name: STEWART EQUINE MEDICAL SERVICES, INC.

Current Principal Place of Business:

12366 NW 35TH ST.
OCALA, FL 34482 US

New Principal Place of Business:

Current Mailing Address:

12366 NW 35TH ST.
OCALA, FL 34482 US

New Mailing Address:

FEI Number: 65-0790859

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEWART, LAURIE LANG DVM
12366 NW 35TH ST.
OCALA, FL 34482 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LANG STEWART, LAURIE DVM
Address: 12366 NW 35TH ST.
City-St-Zip: OCALA, FL 34482

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 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: LAURIE STEWART

DR.

06/23/2009

Electronic Signature of Signing Officer or Director

Date