

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000020980

FILED
Apr 08, 2007
Secretary of State

Entity Name: NICHOLSON VETERINARY SERVICES, P.A.

Current Principal Place of Business:

18789 MATANZAS RD
FT. MYERS, FL 33912

New Principal Place of Business:

18789 MATANZAS RD
FT. MYERS, FL 33967

Current Mailing Address:

18789 MATANZAS RD
FT. MYERS, FL 33912

New Mailing Address:

18789 MATANZAS RD
FT. MYERS, FL 33967

FEI Number: 65-0823463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICHOLSON, MARY
18789 MATANZAS RD
FT. MYERS, FL 33912 US

Name and Address of New Registered Agent:

NICHOLSON, MARY
18789 MATANZAS RD
FT. MYERS, FL 33967 US

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:

04/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NICHOLSON, MARY E
Address: 18789 MATANZAS RD
City-St-Zip: FT. MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NICHOLSON, MARY E
Address: 18789 MATANZAS RD
City-St-Zip: FT. MYERS, FL 33967

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: MARY E NICHOLSON

PRES

04/08/2007

Electronic Signature of Signing Officer or Director

Date