

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025438

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: BIVENS & BIVENS, D.V.M., P.A.

## Current Principal Place of Business:

324 CROSS STREET  
STE 111  
PUNTA GORDA, FL 33950

## New Principal Place of Business:

## Current Mailing Address:

324 CROSS STREET  
STE 111  
PUNTA GORDA, FL 33950

## New Mailing Address:

FEI Number: 65-0824588

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BIVENS, ANDREA  
324 CROSS STREET  
UNIT A  
PUNTA GORDA, FL 33950 US

## Name and Address of New Registered Agent:

BIVENS, ANDREA  
324 CROSS STREET  
SUITE 111  
PUNTA GORDA, FL 33950 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: ANDREA J. BIVENS, DVM

03/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BIVENS, ANDREA J DR  
Address: 324-A CROSS STREET  
City-St-Zip: PUNTA GORDA, FL 33950

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BIVENS, ANDREA J DR  
Address: 324 CROSS STREET, SUITE 111  
City-St-Zip: PUNTA GORDA, FL 33950

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: ANDREA J. BIVENS

DR

03/26/2009

Electronic Signature of Signing Officer or Director

Date