

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000046134

FILED
Mar 20, 2009
Secretary of State

Entity Name: DR. BOB IRELAN VETERINARY SERVICE, INC.

Current Principal Place of Business:

6601 N. SOCRUM LOOP ROAD
LAKELAND, FL 33809

New Principal Place of Business:

6804 NORTH SOCRUM LOOP ROAD
LAKELAND, FL 33809

Current Mailing Address:

6601 N. SOCRUM LOOP ROAD
LAKELAND, FL 33809

New Mailing Address:

6804 N. SOCRUM LOOP ROAD
LAKELAND, FL 33809

FEI Number: 59-3512486

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IRELAN, ROBERT M
6601 N. SOCRUM LOOP ROAD
LAKELAND, FL 33809 US

Name and Address of New Registered Agent:

IRELAN, ROBERT M
6804 N. SOCRUM LOOP ROAD
LAKELAND, FL 33809 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: ROBERT IRELAN

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LAWSON REYNOLDS, KIMBERLY K
Address: 6601 N SOCRUM LOOP ROAD
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: IRELAN, ROBERT M
Address: 6601 N. SOCRUM LOOP RD.
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LAWSON REYNOLDS, KIMBERLY K
Address: 6804 N SOCRUM LOOP ROAD
City-St-Zip: LAKELAND, FL 33809

Title: D (X) Change () Addition
Name: IRELAN, ROBERT M
Address: 6804 N. SOCRUM LOOP RD.
City-St-Zip: LAKELAND, FL 33809

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: ROBERT IRELAN

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date