2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000053652

Entity Name: ARCHIE KLEOPFER D.V.M. P.A.

Current Principal Place of Business:	**New Principal Place of Business:**
1847 ARAGON AVE STE 1 LAKE WORTH, FL 33461	

Current Mailing Address:	**New Mailing Address:**
1847 ARAGON AVE STE 1 LAKE WORTH, FL 33461	

FEI Number: 65-0864479   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
KLEOPFER, ARCHIE DVM PA 215 GRAY ST. W. PALM BEACH, FL 33405 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: _____

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:	**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**
Title: P ( ) Delete Name: ARCHIE, KLEOPFER Address: 215 GRAY ST City-St-Zip: WEST PALM BCH, FL 33405	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: ARCHIE KLEOPFER   PRES   07/02/2009

Electronic Signature of Signing Officer or Director   Date