


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90022 019 ***150.00

DOCUMENT # P99000029189 1. Entity Name VETERINARY CLINIC OF THE FOREST CORPORATION			
Principal Place of Business 1141 E. STATE RD 40 SILVER SPRINGS FL 34488		Mailing Address 3395 SE 41 PLACE OCALA FL 34480	
2. Principal Place of Business - No P.O. Box # 14141 E. State RD 40		3. Mailing Address Suite, Apt. #, etc. Suite C	
City & State Silver Springs FL		City & State OCALA FL	
Zip 34488		Country USA	
6. Name and Address of Current Registered Agent TAYLOR, BILLY JOE 3395 SE 41 PLACE OCALA FL 34480		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME TAYLOR, BILLY JOE STREET ADDRESS 3395 SE 41 PLACE CITY-ST-ZIP OCALA FL 34480	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Billy Joe Taylor</u> <u>Billy Joe Taylor</u> <u>2-12-08</u> <u>352-625-9788</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



1st MOORE CR2E034 (10/07)

4. FEI Number **59-3566605** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

SIGNATURE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution: ☐ **\$5.00 May Be Added to Fees**

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SIGNATURE: Billy Joe Taylor Billy Joe Taylor 2-12-08 352-625-9788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR