## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000029189

FILED Apr 01, 2009 Secretary of State

Entity Name: VETERINARY CLINIC OF THE FOREST CORPORATION

**New Principal Place of Business: Current Principal Place of Business:** 14141 E STATE RD 40 SUITE C SILVER SPRINGS, FL 34488 **New Mailing Address: Current Mailing Address:** 3395 SE 41 PLACE OCALA, FL 34480 FEI Number: 59-3566605 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: TAYLOR, BILLY JOE 3395 SE 41 PLACE OCALA, FL 34480 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 Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: PRFS (X) Change ( ) Addition TAYLOR, BILLY JOE TAYLOR, BILLY JOE Name: Name: 3395 SE 41 PLACE 3395 SE 41 PLACE Address: Address: City-St-Zip: OCALA, FL 34480 City-St-Zip: OCALA, FL 34480 Title: Title: () Change () Addition () Delete Name: TAYLOR, CATHLEEN F Name: 3395 S.E. 41ST PLACE Address: Address: OCALA, FL 34480 City-St-Zip: 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: BILLY JOE TAYLOR PRES 04/01/2009