2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2010
Secretary of State

DOCUMENT# P99000054389

Entity Name: KINDNESS ANIMAL HOSPITAL OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

715 CAPE CORAL PARKWAY, WEST
CAPE CORAL, FL 33914

New Principal Place of Business:

Current Mailing Address:

715 CAPE CORAL PARKWAY, WEST
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 65-0926622 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SALCEDO, ARLYNE
715 CAPE CORAL PARKWAY, WEST
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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:

Title: D
Name: MORRIS, LINDA
Address: 715 CAPE CORAL PARKWAY, WEST
City-St-Zip: CAPE CORAL, FL 33914

Title: D
Name: CARVER, KELLY DVM
Address: 715 CAPE CORAL PARKWAY, WEST
City-St-Zip: CAPE CORAL, FL 33914

Title: D
Name: SALCEDO, ARLYNE D.V.M
Address: 715 CAPE CORAL PARKWAY, WEST
City-St-Zip: CAPE CORAL, FL 33914

I hereby 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 all other like empowered.

SIGNATURE: LINDA MORRIS SECR 02/22/2010

Electronic Signature of Signing Officer or Director — Date