2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P99000065173

Entity Name: ANIMAL CLINIC 192, INC.

Current Principal Place of Business:

2840 IRLO BRONSON HWY
KISSIMMEE, FL 34744

New Principal Place of Business:

2840 E. IRLO BRONSON HWY
KISSIMMEE, FL 34744

Current Mailing Address:

2840 IRLO BRONSON HWY
KISSIMMEE, FL 34744

New Mailing Address:

2840 E. IRLO BRONSON HWY
KISSIMMEE, FL 34744

FEI Number: 65-0939022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACKERMAN, CLIFTON W
2840 IRLO BRONSON HWY
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

ACKERMAN, CLIFTON W
2840 E. IRLO BRONSON HWY
KISSIMMEE, FL 34744 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: _____ 04/28/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: ACKERMAN, CLIFTON W
Address: 2840 IRLO BRONSON HWY
City-St-Zip: KISSIMMEE, FL 34744

Title: D ( ) Delete
Name: ACKERMAN, JOY DVM
Address: 2840 IRLO BRONSON HWY
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: ACKERMAN, CLIFTON W
Address: 2840 E IRLO BRONSON HWY
City-St-Zip: KISSIMMEE, FL 34744

Title: DR (X) Change ( ) Addition
Name: ACKERMAN, JOY T DVM
Address: 2840 E IRLO BRONSON HWY
City-St-Zip: KISSIMMEE, FL 34744

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: JOY T ACKERMAN DR 04/28/2008
Electronic Signature of Signing Officer or Director — Date