

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000096761

FILED  
Jan 07, 2009  
Secretary of State

Entity Name: SOUTHSIDE VETERINARY CLINIC, INC.

## Current Principal Place of Business:

3012 SOUTH JIM REDMAN PARKWAY  
HIGHWAY 39 SOUTH  
PLANT CITY, FL 335669468

## New Principal Place of Business:

3012 SOUTH JIM REDMAN PARKWAY  
PLANT CITY, FL 335669468

## Current Mailing Address:

3012 SOUTH JIM REDMAN PARKWAY  
HIGHWAY 39 SOUTH  
PLANT CITY, FL 335669468

## New Mailing Address:

P. O. BOX 93010  
LAKELAND, FL 33804

FEI Number: 59-3627615

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEIRATHER, ANTHONY D  
6199 BUCKHILL ROAD  
POLK CITY, FL 33868 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: PD ( ) Delete  
Name: WEIRATHER, PAMELA  
Address: PO BOX 93010  
City-St-Zip: LAKELAND, FL 33804

Title: TD ( ) Delete  
Name: WEIRATHER, ANTHONY DR.  
Address: PO BOX 93010  
City-St-Zip: LAKELAND, FL 33804

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANTHONY D. WEIRATHER, DVM

TD

01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date