2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2010
Secretary of State

DOCUMENT# P99000102757

Entity Name: BRICK CITY CAT HOSPITAL, P.A.

Current Principal Place of Business:

702 S. MAGNOLIA AVE.
UNIT 1
OCALA, FL 344710987 US

New Principal Place of Business:

702 S MAGNOLIA AVE
UNIT 1
OCALA, FL 344710987 US

Current Mailing Address:

702 S. MAGNOLIA AVE.
UNIT 1
OCALA, FL 344710987 US

New Mailing Address:

FEI Number: 59-3610156 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, J. HERBERT
702 S. MAGNOLIA AVENUE,
UNIT 2
OCALA, FL 344710987 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: DR.
Name: SALPETER, JENNIFER B DVM
Address: 702 S. MAGNOLIA AVE., UNIT 1
City-St-Zip: OCALA, FL 344710987

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: JENNIFER B. SALPETER DR 02/05/2010

Electronic Signature of Signing Officer or Director — Date