

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S49266

FILED  
Feb 03, 2009  
Secretary of State

Entity Name: AALATASH ANIMAL HOSPITAL WEST, P.A.

**Current Principal Place of Business:**

3909 N W 97TH BLVD  
GAINESVILLE, FL 32606 US

**New Principal Place of Business:**

**Current Mailing Address:**

3909 N W 97TH BLVD  
GAINESVILLE, FL 32606 US

**New Mailing Address:**

FEI Number: 59-3055006

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OSSI, SUSAN  
901 NW 57TH ST  
GAINESVILLE, FL 32605 US

**Name and Address of New Registered Agent:**

OSSI, SUSAN  
4731 NW 53RD AVENUE  
GAINESVILLE, FL 32606 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

02/03/2009

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TASH, JANINE C.,  
Address: 9805 NW 161 ST.  
City-St-Zip: ALACHUA, FL 32615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: WILLIAM W CROSBY

Electronic Signature of Signing Officer or Director

DIR

02/03/2009

Date