

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S64594

FILED
Feb 01, 2007
Secretary of State

Entity Name: MITCHELL HAMMOCK PET HOSPITAL, INC.

Current Principal Place of Business:

255 ALEXANDRIA BLVD.
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

255 ALEXANDRIA BLVD.
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 59-3127681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUDLEY, WOODROW
45 ALAFAYA WOODS BLVD
OVIEDO, FL 32765 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 () Delete
Name: DUDLEY, WOODROW,
Address: 255 ALEXANDRIA BLVD.
City-St-Zip: OVIEDO, FL 32765

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: MRS () Change (X) Addition
Name: JENSEN, LAURA A BOOKEEP
Address: 594 YORKSHIRE DR
City-St-Zip: OVIEDO, FL 32765 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LAURA A JENSEN

MRS.

02/01/2007

Electronic Signature of Signing Officer or Director

Date