2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008
Secretary of State

DOCUMENT# S79490

Entity Name: SPRINGHILL EQUINE VETERINARY CLINIC, PA

Current Principal Place of Business:

12717 NW 39 AVE
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

12717 NW 39 AVE
GAINESVILLE, FL 32606 US

New Mailing Address:

FEI Number: 59-3088902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EMMONS, RANDALL C.
12717 NW 39 AVE
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

LACHER, ERICA M DR.
12717 NW 39 AVE
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: DR. ERICA M. LACHER 03/03/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: EMMONS, RANDALL C DVM
Address: 12717 NW 39TH AVE
City-St-Zip: GAINSVILLE, FL 32606

Title: ST ( ) Delete
Name: EMMONS, LISA P CVT
Address: 12717 NW 39TH AVE
City-St-Zip: GAINESVILLE, FL 32606

Title: VP (X) Delete
Name: LACHER, ERICA M DVM
Address: 12717 NW 39TH AVE
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LACHER, ERICA M DR.
Address: 12717 NW 39TH AVE
City-St-Zip: GAINSVILLE, FL 32606

Title: VP (X) Change ( ) Addition
Name: EMMONS, RANDALL C DR.
Address: 12717 NW 39TH AVE
City-St-Zip: GAINESVILLE, FL 32606

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: DR. ERICA M. LACHER P 03/03/2008
Electronic Signature of Signing Officer or Director Date