2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V28593

FILED Mar 24, 2009 Secretary of State

Entity Name: CURLEW ANIMAL HOSPITAL, P.A. **Current Principal Place of Business: New Principal Place of Business:** 1100 COUNTY ROAD ONE PALM HARBOR, FL 34683 US **Current Mailing Address: New Mailing Address:** 1100 COUNTY ROAD ONE PALM HARBOR, FL 34683 US FEI Number: 59-3115811 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMITH, JOHN PATRICK SMITH, JOHN P DR 11875 92ND WAY NORTH 11875 92ND WAY NORTH LARGO, FL 33773 LARGO, FL 33773 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. JOHN PATRICK SMITH 03/24/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PRES () Delete () Change () Addition SMITH, JOHN PATRICK, Name: Name: 11875 92ND WAY NORTH Address: Address: City-St-Zip: LARGO, FL 33773 US City-St-Zip: Title: VΡ Title: () Change () Addition () Delete Name: SMITH, ANGELA L Name: 11875 92ND WAY NORTH Address: Address: LARGO, FL 33773 US City-St-Zip: 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: JOHN PATRICK SMITH DR 03/24/2009