

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V39581

FILED
Mar 01, 2007
Secretary of State

Entity Name: WILSON VETERINARY CLINIC, INC.

Current Principal Place of Business:

4404 124 ST CT W
CORTEZ, FL 34215

New Principal Place of Business:

12408 42ND AVE DR WEST
CORTEZ, FL 34215

Current Mailing Address:

POST OFFICE BOX 188
CORTEZ, FL 342150189 US

New Mailing Address:

FEI Number: 65-0334057

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, CLAY
4404 124 ST CT W
CORTEZ, FL 34215 US

Name and Address of New Registered Agent:

WILSON, CLAY
12408 42ND AVE DR WEST
CORTEZ, FL 34215 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: CLAY WILSON

03/01/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: WILSON, CLAY,
Address: 4404 124 ST CT W
City-St-Zip: CORTEZ, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: WILSON, CLAY,
Address: 12408 42ND AVE DR WEST
City-St-Zip: CORTEZ, FL 34215

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: CLAY WILSON

DR

03/01/2007

Electronic Signature of Signing Officer or Director

Date