

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V42994

FILED
Feb 10, 2004
Secretary of State

Entity Name: ANDERSON ANIMAL CLINIC, INC.

Current Principal Place of Business:

10710 SW 113TH PLACE
MIAMI, FL 33176

New Principal Place of Business:

1221 CAMPO SANO AVENUE
CORAL GABLES, FL 33146

Current Mailing Address:

10710 SW 113TH PLACE
MIAMI, FL 33176

New Mailing Address:

1221 CAMPO SANO AVENUE
CORAL GABLES, FL 33146

FEI Number: 65-0336483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, THOMAS C D.V.M.
1221 CAMPO SANO AVE
CORAL GABLES, FL 33146

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: PVST () Delete
Name: ANDERSON, THOMAS C., DVM
Address: 1221 CAMPO SAND AVE
City-St-Zip: CORAL CABLES, FL 33146

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 for the exemption stated in Section 119.07(3)(i), 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: THOMAS C. ANDERSON, DVM

PVST

02/10/2004

Electronic Signature of Signing Officer or Director

Date