

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000096995

FILED  
Jun 23, 2009  
Secretary of State

Entity Name: SABAL PALM ANIMAL HOSPITAL, P.A.

## Current Principal Place of Business:

4004 BRUSH LANE  
NAPLES, FL 34112

## New Principal Place of Business:

8595 COLLIER BLVD.  
SUITE 110  
NAPLES, FL 34114

## Current Mailing Address:

4004 BRUSH LANE  
NAPLES, FL 34112

## New Mailing Address:

8595 COLLIER BLVD.  
SUITE 110  
NAPLES, FL 34114

FEI Number: 26-3666482

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOTHARD, SHELLEY L  
4004 BRUSH LANE  
NAPLES, FL 34112 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: GOTHARD, SHELLEY L  
Address: 4004 BRUSH LANE  
City-St-Zip: NAPLES, FL 34112

Title: D ( ) Delete  
Name: LOREMAN, TONYA  
Address: 2829 50TH ST. SW  
City-St-Zip: NAPLES, FL 34116

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SHELLEY L. GOTHARD

D

06/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date