2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005
Secretary of State

DOCUMENT# P94000059204

Entity Name: ANIMAL HOSPITAL OF PENSACOLA, INC.

Current Principal Place of Business:

5001 N 12 AVE
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

5001 N 12 AVE
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-3262702 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HESS, BRIAN D
9108 FRONT BEACH RD
PANAMA CITY BEACH, FL 32408 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: CARLOS, THOMAS E
Address: 5001 N 12 AVE
City-St-Zip: PENSACOLA, FL 32504

Title: D ( ) Delete
Name: CARLOS, CAROLINE
Address: 210 TALMAGE ROAD
City-St-Zip: MENDHAM, NJ 07945

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 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 CARLOS D 03/31/2005

Electronic Signature of Signing Officer or Director Date