

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUL 15 PM 2:49

DOCUMENT # P96000103485

1. Entity Name
ATLANTIC COAST MOBILE VETERINARY SERVICES,
INC.



Principal Place of Business
1640 OCEAN SHORE BLVD.
ORMOND BEACH, FL 32176

Mailing Address
1640 OCEAN SHORE BLVD.
ORMOND BEACH, FL 32176

66429731



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07022004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

59-3429039

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNEPLEY ACCOUNTING SERVICES
411 RIDGE BOULEVARD
SOUTH DAYTONA, FL 32121

Name

Street Address (P.O. Box Number is Not Acceptable)

City

DE Loguidice
1515 Ridge Wood Ave
Sta A
Holly Hill FL 32117

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(MONTH) Registered Agent's printed name (required when registering)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 2, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
RUDINSKI, E.J. DR.
1640 OCEAN SHORE BLVD.
ORMOND BEACH, FL 32176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1/14/04 01011 008 150.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
RIZZO-RUDINSKI, MICHELE
1640 OCEAN SHORE BLVD.
ORMOND BEACH, FL 32176 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDUARDO J. RUDINSKI 6/20/04 316 441-1226

Date

Daytime Phone #

7/15/04