

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000083088

FILED  
Apr 14, 2005  
Secretary of State

Entity Name: NASSAU VETERINARY HOSPITAL, INC.

## Current Principal Place of Business:

881 N US HWY 17  
YULEE, FL 32097 US

## New Principal Place of Business:

851015 US HWY 17  
YULEE, FL 32097 US

## Current Mailing Address:

881 N US HWY 17  
YULEE, FL 32097 US

## New Mailing Address:

851015 US HWY 17  
YULEE, FL 32097 US

FEI Number: 59-3412326

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VALENTE, JR., ANTHONY P ESQ.  
100 SECOND AVE S  
SUITE 1201  
SAINT PETERSBURG, FL 33701 US

## Name and Address of New Registered Agent:

VALENTE, JR., ANTHONY P ESQ.  
770 2ND AVENUE SOUTH  
SAINT PETERSBURG, FL 33701 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:

04/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: CARTER, KIMBERLY A  
Address: 881 N US HWY 17  
City-St-Zip: YULEE, FL 32097

Title: VP ( ) Delete  
Name: CARTER, RITA  
Address: 881 N US HWY 17  
City-St-Zip: YULEE, FL 32097

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: CARTER, KIMBERLY A  
Address: 851015 US HWY 17  
City-St-Zip: YULEE, FL 32097

Title: VP (X) Change ( ) Addition  
Name: CARTER, RITA  
Address: 851015 US HWY 17  
City-St-Zip: YULEE, FL 32097

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: KIMBERLY A. CARTER, DVM

PRES

04/14/2005

Electronic Signature of Signing Officer or Director

Date