

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 8:56**

DOCUMENT # 379522 (6)
1. Corporation Name
THE UNIVERSITY BOULEVARD ANIMAL HOSPITAL, INC.

Principal Place of Business Mailing Address
5150 UNIVERSITY BLVD WEST JACKSONVILLE FL 32216 **5150 UNIVERSITY BLVD WEST JACKSONVILLE FL 32216**

DO NOT WRITE IN THIS SPACE.

2. Date Incorporated or Qualified **03/29/1971** 3a. Date of Last Report **04/26/1994**
4. FEI Number **59-1347555** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
9. This corporation has liability for intangible tax under S. 100.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 2b
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**CLAMPETT, EDWIN G
5150 UNIVERSITY BLVD W
JACKSONVILLE FL 32216**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Edwin G. Clampett, DVM* (Edwin G. Clampett)
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CLAMPETT, EDWIN G
STREET ADDRESS	5150 UNIVERSITY BLVD. W.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	WRIGHT, C FOSTER
STREET ADDRESS	5844 FORT CAROLINE ROAD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	JACKSON, ROBERT I
STREET ADDRESS	8560 ARLINGTON EXPR.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Edwin G. Clampett, DVM* (Edwin G. Clampett, DVM) 1-9-95 (904) 733-3150
Signature and typed or printed name of signing officer or director Date Telephone Number