DOCUMENT # 392002 1. Entity Name						FILED Apr 19 2000 8:00 am			
•	DE ANIMAL CLINIC, INC.					Apr 19, 200 Secretary			
Principal Place of Business 100 ARLINGTON ROAD SOUTH JACKSONVILLE FL 32216		Mailing Address 100 ARLINGTON ROAD SOUTH JACKSONVILLE FL 32216-9209				04-19-2000 90092 (043 ***150	.00	
2. Principal Place of Business		3. Mailing Address			_				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS	SPACE		
City & State	e	City & State	City & State		4. F	El Number 59-1372485		plied For t Applicable	
Zip	Country	Zip	Zip Country		5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent					7. N	lame and Address of New Registered	i Agent		
100 A	H, JOHN A. ARLINGTON RD., S.		-		Street Address (P.O. Box Number is Not Acceptable)				
JACK	SONVILLE FL 32216			City		F	Zip Cod	e	
SIGNATURE	named entity submits this statemen					ent, or both, in the State of Florida.			
9. This corpo Tax filing r	Signature, typed or printed name of registered at pration is eligible to satisfy its Intang equirement and elects to do so, ria on back)				0 State	10. Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	0 May Be to Fees	
11.		ND DIRECTORS	12.		AD	DITIONS/CHANGES TO OFFICERS AN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PMD FARAH, JOHN A. 100 ARLINGTON RD., S. JACKSONVILLE FL	☐ Delete	4	l.			☐ Change	☐ Addition }	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			•		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-7IP		☐ Delete					☐ Change	☐ Addition	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATTIBE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

John A. Farah

4/11/00

904-721-3500

Daytime Phone #