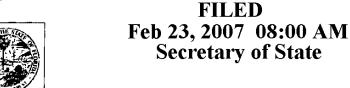
## 2007 FOR PROFIT CORPORATION

## **ANNUAL REPORT (AR) DOCUMENT # 444221**



BLANDING BOULEVARD ANIMAL HOSPITAL, INC.					Secretary of State
Principal Place of Business  5610 BLANDING BLVD  JACKSONVILLE FL 32244  Mailing Address  5610 BLANDING BLVD  JACKSONVILLE FL 32244					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			-
Suite, Apt. #, etc.		Suitc, Apt. #, etc.			1st MOORE CR2E034 (10/06)
City & Stato		City & State			4. FEI Number 59-1510551 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	<u> </u>		7. Name and Address of New Registered Agent
				Namo	
CASLER, WILLIAM F. 502 FLORIDA NATIONAL BANK BLDG., ST. PETERSBURG FL 33701				Street Address (I	(P.O. Box Number is Not Acceptable)
			-	City	<b>⊏</b> ∎ Zıp Code
					FL
	a named entity submits this statement for tions of registered agent -	or the purpose of changing it	ts registered	d office or register	red agent, or both, in the State of Florida. I am familiar with, and accept .
SIGNATURE .	Signature, typed o *registered agent	Billu sou - appropries (1900)	TE-Registered A	Agent signature required	d when reinstating) UATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STRIET ADDRESS CITY-ST-ZIP	PD HITE, STEPHEN C. 5610 BLANDING BLVD JAX. FL	☐ Delete	VITLE NAME STREET CITY-S	ADDRESS IT-ZIP	□ Change □ Addition U00000644571 03/02/07-80049-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HITE, BETTY L. 4851 KING RICHARD RD JAX. FL	☐ Delale	TITLE NAME STREET CITY-S	ADDRESS 1-zip	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SASSARD, CHERYL E. 4215 SOUTHPOINT BLVD. JACKSONVILLE FL	☐ Delete	TITLE NAME STREET CITY ST	ADDRESS 1 zip	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delote	TITLE NAME STREET CITY-ST	ADDHESS 1-71P	☐ Change ☐ Addition
TITLE: NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS 1-71P	☐ Change ☐ Addilion
TITLE NAME STREET ADDRESS		☐ Delete	TIFLE NAME STREET	ADDRI SS	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 eath; 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:

Type C. 1 Lite
RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(904)771-60Zy