


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 601574</b> 1. Entity Name <b>CORAL VETERINARY CLINIC, P.A.</b>	
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Principal Place of Business <b>9540 CYPRESS LK DR. FORT MYERS, FL 33919 US</b>	Mailing Address <b>9540 CYPRESS LK DR. FORT MYERS, FL 33919 US</b>
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01122006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1276301**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>DOUGLASS, PAUL R 9540 CYPRESS LK DR. FT MYERS, FL 33919-1999</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**100000386871  
01/19/06-80015-024 150.00**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P DOUGLASS, PAUL R D.V.M. 9540 CYPRESS LAKE DR. FORT MYERS, FL 33919</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP NICHOLAS, DAVID B D.V.M. 9540 CYPRESS LAKE DR. FORT MYERS, FL 33919</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST ANDAZOLA, KIRK S D.V.M. 9540 CYPRESS LAKE DR. FORT MYERS, FL 33919</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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:** *Paul R. Douglass, DVM*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-12-06 2394814746**  
Date Daytime Phone #