

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 615132

FILED  
Feb 03, 2010  
Secretary of State

**Entity Name:** NORTHSIDE ANIMAL HOSPITAL, INC.

**Current Principal Place of Business:**

11475 NORTH MAIN STREET  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

**Current Mailing Address:**

11475 NORTH MAIN STREET  
JACKSONVILLE, FL 32218

**New Mailing Address:**

FEI Number: 59-1893284

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEVELIUS, RALPH W DR  
11475 NORTH MAIN STREET  
JACKSONVILLE, FL 32218 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SEVELIUS, RALPH W DR  
Address: 11475 N MAIN ST.  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: VPD  
Name: BRANCH, WILLIAM J DR  
Address: 11475 N MAIN ST  
City-St-Zip: JACKSONVILLE, FL 32218 US

I hereby 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 all other like empowered.

SIGNATURE: RALPH W SEVELIUS

PD

02/03/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date