


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F13408 1. Entity Name GOWEN ANIMAL CLINIC, P.A.					
Principal Place of Business % THOMAS C GOWEN, JR 7540 HOGAN RD JACKSONVILLE FL 32216			Mailing Address % THOMAS C GOWEN, JR 7540 HOGAN RD JACKSONVILLE FL 32216		
2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc.			3. Mailing Address Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2042570	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WALKER, JAMES V. 217 PONTE VEDRA PARK DR PONTE VEDRA BEACH FL 32082				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____					
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 Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY ST ZIP	DP GOWEN, THOMAS C, JR 7540 HOGAN ROAD JACKSONVILLE, FL 00000	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	000000609187 02/01/07-80040-013 150.00	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Add	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	

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 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: Thomas C. Gowen, Thomas C. Gowen 1-25-07 904 724 8866

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #