

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G70765

FILED  
Jan 05, 2004  
Secretary of State

Entity Name: ATLANTIC ANIMAL CLINIC, P.A.

**Current Principal Place of Business:**

WILSON, JAMES M  
35 NE 25 TH AVE  
POMPANO BCH, FL 33062 US

**New Principal Place of Business:**

**Current Mailing Address:**

WILSON, JAMES M  
35 NE 25TH AVE  
POMPANO BCH, FL 33062 US

**New Mailing Address:**

FEI Number: 59-2348600      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WILSON, JAMES M  
35 NE 25TH AVE  
POMPANO BCH, FL 33062 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: SDP ( ) Delete  
Name: WILSON, JAMES M,  
Address: 35 NE 25TH AVE  
City-St-Zip: POMPANO BCH, FL

Title: T ( ) Delete  
Name: WILSON, JAMES M,  
Address: 35 NE 25TH AVE  
City-St-Zip: POMPANY BCH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SDP (X) Change ( ) Addition  
Name: WILSON, JAMES M,  
Address: 35 NE 25TH AVE  
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: T (X) Change ( ) Addition  
Name: WILSON, JAMES M,  
Address: 35 NE 25TH AVE  
City-St-Zip: POMPANO BEACH, FL 33062 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: JAMES M. WILSON

SDP

01/05/2004

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

\_\_\_\_\_ Date