


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 10, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # G79515  
 1. Entity Name  
 NORMANDY ANIMAL HOSPITAL, INC.



Principal Place of Business 8615 NORMANDY BLVD. JACKSONVILLE, FL 32221	Mailing Address 8615 NORMANDY BLVD. JACKSONVILLE, FL 32221
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**DO NOT WRITE IN THIS SPACE**



02062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2166579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FRAZIER, W. ROBINSON  
 1515 RIVERSIDE AVENUE, SUITE #A  
 JACKSONVILLE, FL 32204

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	DP WRIGHT, PATRICK J. 8615 NORMANDY BLVD. JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
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 03/10/04-80071-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify 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 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: Patrick J. Wright 2/6/04 904-786-5282  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PATRICK J. WRIGHT