


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

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| DOCUMENT # G79515 1. Entity Name NORMANDY ANIMAL HOSPITAL, INC. |  |
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| Principal Place of Business 8615 NORMANDY BLVD. JACKSONVILLE, FL 32221 | Mailing Address 8615 NORMANDY BLVD. JACKSONVILLE, FL 32221 |
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04272006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-2166579 | Applied For Not Applicable |
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5. Certificate of Status Desired **\$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 _____ (NOTE Registered Agent signature required when reinstating) DATE _____

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

U00000557746
 05/17/06-80058-017 150.00

| 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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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: Patrick J. Wright OVM 4/28/06 904-786-5288
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #