

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90342 037 ***150.00

DOCUMENT # H11199

1. Entity Name

ANIMAL MEDICAL CLINIC OF PANAMA CITY BEACH, INC.



Principal Place of Business

**ANIMAL CARE CENTER
8905 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407**

Mailing Address

**ANIMAL CARE CENTER
8905 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407**



2. Principal Place of Business

8501 FRONT Beach Rd
Suite, Apt. #, etc.

3. Mailing Address

8501 FRONT Beach Rd
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Panama City Beach FL

City & State

Panama City Beach FL

4. FEI Number

59-2424923

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCLELLAND, SCOTT D.
8905 FRONT BEACH RD.
PANAMA CITY BEACH FL 32407**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **MCLELLAND, SCOTT D**
STREET ADDRESS **8905 FRONT BEACH ROAD**
CITY-ST-ZIP **PANAMA CITY BEACH FL 32407**

TITLE **PD** ☐ Delete
NAME **SLEETH, CHARLES D**
STREET ADDRESS **8905 FRONT BEACH ROAD**
CITY-ST-ZIP **PANAMA CITY BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-06

850-235-2822

Date

Daytime Phone #