

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H31253

FILED
Apr 29, 2004
Secretary of State

Entity Name: HIDDEN HILLS ANIMAL HOSPITAL, P.A.

Current Principal Place of Business:

12134 FT. CAROLINE RD.
JACKSONVILLE, FL 32225

New Principal Place of Business:

Current Mailing Address:

12134 FT. CAROLINE RD.
JACKSONVILLE, FL 32225

New Mailing Address:

FEI Number: 59-2465563

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, RICHARD B.
12134 FT. CAROLINE ROAD
JACKSONVILLE, FL 32225

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: DP () Delete
Name: WILLIAMS, RICHARD B., DVM
Address: 12134 FT. CAROLINE ROAD
City-St-Zip: JACKSONVILLE, FL

Title: DV () Delete
Name: DAVIS, GLENN R. DVM
Address: 12134 FT. CAROLINE RD
City-St-Zip: JACKSONVILLE, FL

Title: DS () Delete
Name: HART, STEPHEN H DVM
Address: 12134 FT CAROLINA RD
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change () Addition
Name: DAVIS, GLENN R DVM
Address: 12134 FT. CAROLINE RD
City-St-Zip: JACKSONVILLE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD B. WILLIAMS, DVM

DP

04/29/2004

Electronic Signature of Signing Officer or Director

Date