

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H31253

FILED  
Feb 14, 2006  
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 US

## Name and Address of New Registered Agent:

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

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: RICHARD B. WILLIAMS, DVM

02/14/2006

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 CAROLINE RD  
City-St-Zip: JACKSONVILLE, FL 32225

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: WILLIAMS, RICHARD B DVM  
Address: 12134 FT. CAROLINE ROAD  
City-St-Zip: JACKSONVILLE, FL 32225

Title: DV (X) Change ( ) Addition  
Name: DAVIS, GLENN R DVM  
Address: 12134 FT. CAROLINE RD  
City-St-Zip: JACKSONVILLE, FL 32225

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 Chapter 119, 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

DP

02/14/2006

Electronic Signature of Signing Officer or Director

Date