2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2004
Secretary of State

DOCUMENT# N03000006673

Entity Name: ST. FRANCIS ANIMAL HOSPITAL, INC.

Current Principal Place of Business:

1477 WELLS ROAD
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

1477 WELLS ROAD
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 83-0370262 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHELTON, SUSAN
1477 WELLS ROAD
ORANGE PARK, FL 32073 US

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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHELTON, SUSAN G
Address: 1477 WELLS ROAD
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete
Name: GIONET, PAT
Address: 4140 PEACH DR
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete
Name: CIHLAR, STACEY
Address: 10000 SOUTHWEST 52ND AVE #G38
City-St-Zip: GAINESVILLE, FL 32608

Title: D ( ) Delete
Name: HARRIS, MICHAEL
Address: 6532 ARANCIO DR W
City-St-Zip: JACKSONVILLE, FL 32244

Title: D ( ) Delete
Name: CHESSER, STACEY
Address: 6236 PINELOCK DR
City-St-Zip: JACKSONVILLE, FL 32211

Title: D ( ) Delete
Name: SKINNER, SARAH
Address: 6670 BOWDEN RD
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN SHELTON PRES 05/11/2004

Electronic Signature of Signing Officer or Director — Date